

Registration District No. ....

Primary Registration District No. ....

1003

1. PLACE OF DEATH:

(a) County .....  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
En Route to City Hospital #1 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 218 S. 4th St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Edgar Bane Bogle

3. (b) If veteran, name war. \*\*\*\*\* 3. (c) Social Security No. ??

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 41 ..hr. ....min.

9. Birthplace. Virginia /  
(City, town, or county) (State or foreign country)

10. Usual occupation. Fry Cook

11. Industry or business

12. Name. Unknown  
13. Birthplace. Unknown /  
(City, town, or county) (State or foreign country)  
14. Maiden name. Unknown  
15. Birthplace. Unknown /  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Alfred J. Perry  
(b) Address Coroners Office

17. (a) Removal (b) Date thereof July 21 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whyteville Virginia  
18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) JUL 18 1942 (b) J. F. Medeck  
(Date received local Registrar's signature) (Registrar's signature)

20. DATE OF DEATH: Month 17th day July  
year 1942 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Heat Stroke  
Due to.....  
W.M.A.  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) Means of injury.....

23. Signature Alfred Perry (M. D. or other)  
Address Coroners Office Date signed 7/18/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

844

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed *Frank D. Rivers*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**