

FILED AUG 25 1944 318

Primary Registration District No. **1003**

Registrar's No. **7201**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution St. John's Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Baby Boggs

3. (b) If veteran, name war _____

3. (c) Social Security No. 5

4. Sex M Color or Race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years _____ days

7. Birth date of deceased Aug 16 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr 8 min

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business Nil

12. Name Ivan Kenneth Boggs

13. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)

14. Maiden name Valerie Parish

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ivan K. Boggs

(b) Address 907 Leonard Rock Hill Village

17. (a) Burial (b) Date thereof 8-18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Boyer

(b) Address 1444 N. 1st

19. (a) AUG 18 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Rock Hill Village
(If outside city or town limits, write "RURAL")

(d) Street No. 907 Leonard
(If rural, give location) N.R.

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 17 1944 to Aug 17 1944
that I last saw him alive on Aug 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic stelectasis

Due to Premature birth

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) _____

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)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address 482 Chestnut St Date signed 8-19-44

Duration 2 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Sept

7207
1022

7207
1022

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 Felix demand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.