

FILED FEB 16 1945 18

1003

Registrar's No. 1193

Registration District No. _____ Primary Registration District No. _____

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:
5509 Clemens Avenue
(If not in hospital) or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 70 Years
years, months or days)

3. (a) PRINT FULL NAME JOSEPHINE BARBARA BOGUE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George C. Bogue 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 8 (Month) 20 (Day) 1868 (Year)

8. AGE: Years 76 Months 5 Days 16 If less than one day
hr. _____ min. _____

9. Birthplace Peoria Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Henry Donk
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Schlink
15. Birthplace Baltimore Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant George C. Bogue
(b) Address 5509 Clemens Avenue

17. (a) Cremation (b) Date thereof 2-8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander Sano

(b) Address 6175 Delmar Boulevard

19. (a) FEB 6 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5509 Clemens Avenue 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th
year 1945 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 1943 to Feb 6 1945
that I last saw her alive on Feb 6 / 1945 and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation Duration 2 yrs

Due to infected teeth?

Due to PS

Other conditions (Include pregnancy within 3 months of death)

Major findings: fibroid tumor - infected teeth PHYSICIAN
Non malignant
tumor - uterus
Of autopsy _____ Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature J. M. Black (M. D. or other) _____

Address 705 N. 17th Highway Date signed 2/6/45

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

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 Jose E. McCulloch

Licensed Embalmer No. 2460

P. O. Address. 6175 Delmar

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.