. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35066

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9931

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: CHRISTIAN HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
(c) City or town NORTHWOODS
(If outside city or town limits, write "RURAL")
(d) Street No. 3709 COLONIAL N.R.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BABY BOGGS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV (Month) 15 (Day) 1945 (Year)
8. AGE: Years — Months — Days — If less than one day hr. 56 min.
9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation NONE
11. Industry or business
FATHER 12. Name CAROLL BOGGS
13. Birthplace FAIRFIELD (City, town, or county) ILL (State or foreign country)
MOTHER 14. Maiden name BETTY HOWELL
15. Birthplace FRENCH LICK VILLAGE (City, town, or county) IND (State or foreign country)
16. (a) Informant Carroll Boggs
(b) Address 3709 COLONIAL
17. (a) REMOVAL-(MOTOR) (Burial, cremation, or removal) (b) Date thereof 11-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRFIELD ILL
18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 LINDELL BLVD.
19. (a) NOV 16 1945 (Date received by registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-15 day
year 1945 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from 11-15, 1945, to 11-15, 1945; that I last saw him alive on 11-13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Premature
6 mo gestation
~~Due to~~ Cause of miscarriage
unknown.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — 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 M Ryan (M. D. or other)
Address 607 N. Grand Date signed 11-15-45

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.