

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

State File No. 20796  
Registrar's No. 5275

FILED JUL 5 1949

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1005		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY mad	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo-3		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Bureau City Hosp.				d. STREET ADDRESS (If rural, give location) 812 1/2 Salisbury				A	
3. NAME OF DECEASED (Type or Print) a. (First) Richard			b. (Middle) W		c. (Last) Bogнар		4. DATE OF DEATH (Month) (Day) (Year) 6 17 49		
5. SEX M O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb 26-1944		9. AGE (In years last birthday) 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Frank Bogнар			13b. MOTHER'S MAIDEN NAME Rosie Haselbacher			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Bogнар, 812 1/2 Salisbury					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of heart and right lung; suffered when increased and shot with gun in the hands of his brother, Frank Bogнар, while playing at his home at 812 1/2 Salisbury, June 17, 1949 DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Perched tree branch, while playing at his home at 812 1/2 Salisbury, June 17, 1949 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION at about 5:55 pm accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Same		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo. 184					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 17 49 5:55 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 601010					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:55 p.m., from the causes and on the date stated above. 19									
23a. SIGNATURE (Degree or title) Wm. H. Gentry, Deputy Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/18/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-20-49		24c. NAME OF CEMETERY OR CREMATORY Colvory Cem		24d. LOCATION (City, town, or county) (State) St. Louis			
DATE RECD. BY LOCAL REGS. JUN 18 1949		REGISTRAR'S SIGNATURE J. B. Paster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw. Koch* Son - 3516 N. 14th					

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Ronald O. Zehike

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 39.17

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.