

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31616

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8049**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St</b>	
c. LENGTH OF STAY (in this place) <b>47 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2928 Madison Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>2928 Madison Avenue</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Edgar</b>			b. (Middle)		
c. (Last) <b>Boggan</b>			8. DATE OF BIRTH		
5. SEX <b>Male</b>			9. AGE (In years last birthday)		
6. COLOR OR RACE <b>Negro</b>			10. BIRTHPLACE (State or foreign country)		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			11. BIRTHPLACE (State or foreign country) <b>Savannah, Tennessee</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
10b. KIND OF BUSINESS OR INDUSTRY <b>Hilke Feed Co.</b>					

13a. FATHER'S NAME <b>Unavailable</b>		13b. MOTHER'S MAIDEN NAME <b>Unavailable</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie Boggan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>492-10-6545</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mattie Boggan, 2928 Madison Avenue</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 wks</b>	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH <b>12 wks.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Hypertension (essential)</b>	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **6-22** 19**49**, to **9-14**, 19**49**, that I last saw the deceased alive on **9-10**, 19**49**, and that death occurred at **10 15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>4242 Easton Avenue</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>9/19/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. J. Gates, 4107 Finney Ave.</b>			
DATE REC'D BY LOCAL REG. <b>SEP 17 1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		ADDRESS	

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.

Student .....  
Student Embalmer

Signed John R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.