

FILED DEC 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42122
9148

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In 15 days) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD 4.5.34			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. ANTHONY'S HOSP				d. STREET ADDRESS (If rural, give location) 2637 ARTHUR AVE			
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES V.		b. (Middle) _____		c. (Last) BOGAY	
4. DATE OF DEATH (Month) (Day) (Year) OCT. 25, 1950		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH JAN. 23, 1891		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) EXPRESS CO.		11. BIRTHPLACE (State or foreign country) St. Genevieve, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN L. Bogay		13b. MOTHER'S MAIDEN NAME MADALINE VALLEY		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Bogay 2637 ARTHUR.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 1 year		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 checked="" type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NO 2X			
22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on Oct 25, 1950 and that death occurred at 6:20 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Madeline Gleser				23b. ADDRESS 500 Olive St.		23c. DATE SIGNED 10/27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) JOURNAL		24b. DATE 10-28-50		24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEM.		24d. LOCATION (City, town, or county) (State) ST. GENEVIEVE MO.	
DATE REC'D BY LOCAL REG. 28 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. J. Croghan, 7146 Manchester			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. Allen Davis Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address.....

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.