.S. No. 300
Rev. 10-48

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5885

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1008

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2169

d. STREET ADDRESS (If rural, give location) 3736a S. Compton

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) S.
c. (Last) Boguskie

4. DATE OF DEATH (Month) (Day) (Year) 1/29/51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 28, 1884

9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (State or foreign country) Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael Boguskie

13b. MOTHER'S MAIDEN NAME Josephine Thomas

14. NAME OF HUSBAND OR WIFE Lillie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. ---

17. INFORMANT'S SIGNATURE OR NAME Lillie-Boguskie--3736a S. Compton ADDRESS

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) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertension — 3 yrs
DUE TO (c) Arterio Sclerosis — ?

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 334X

22. *I hereby certify that I attended the deceased from* 1/29, 1951, *to* 1/30, 1951, *that I last saw the deceased alive on* 1/30, 1951, *and that death occurred at* 1:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE John Jeremiah (Degree or title) M.D.

23b. ADDRESS 508 N Grand

23c. DATE SIGNED 1/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/1/51

24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cemetery

24d. LOCATION (City, town, or county) St. Louis Co., Missouri (State)

DATE REC'D BY LOCAL REG. JAN 31 1951

REGISTRAR'S SIGNATURE J B Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle ADDRESS 3634 Gravois

(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 Robert C Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.