

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24196

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 607J Registrar's No. 239

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY OR TOWN Farmington RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR Ste. Genevieve	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print) TERESA BOGY			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Abt. 1875		9. AGE (In years has birthday) Abt. 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kaskaskia, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John H. Burch, Sr.		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bogy	
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH Abt. 4 hrs.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and nephrosclerosis			Unknown.
		DUE TO (c) Dementia Praecox Psychosis			More than 25 yrs.
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) 7:45		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 Oct. 1, 1946, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE John A. Brennan M.D. (Degree or title)		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED No. 7-9-51.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.	
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DATE REC'D BY LOCAL REG. July 23, 1951		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanton Funeral Home, Ste. Genevieve, Mo.	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 6 1951

RECEIVED

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 _____

Licensed Embalmer No. 4084

Signed _____
Student Embalmer

P. O. Address Surrytown, N.C.

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.