S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21760

FILED JUL 2 - 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5536

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

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, 2259
d. STREET ADDRESS (If rural, give location) 25 1429A. REAR N. 10TH ST.

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) —
c. (Last) BOGARSKI. BOGARSKI

4. DATE OF DEATH (Month) JUNE (Day) 14, (Year) 1952

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH AUG 5TH. 1875

9. AGE (In years last birthday) 76 — If under 1 year: Months — Days — If under 1 hr.: Hours — Min. —

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

10b. KIND OF BUSINESS OR INDUSTRY RAILROADS

11. BIRTHPLACE (State or foreign country) POLAND. 4

12. CITIZEN OF WHAT COUNTRY? POLAND.

13a. FATHER'S NAME PETER BOGARSKI.

13b. MOTHER'S MAIDEN NAME MARY-UNKNOWN.-

14. NAME OF HUSBAND OR WIFE NONE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 707-07-6222.

17. INFORMANT'S SIGNATURE OR NAME John J. Brockland, Sect. **ADDRESS** 1827 Hogan St.

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) SQUAMOUS CELL CARCINOMA OF TONGUE + FLOOR OF MOUTH — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death GENERALIZED ARTERIOSCLEROSIS

19a. DATE OF OPERATION 6/29/51

19b. MAJOR FINDINGS OF OPERATION SQUAMOUS CELL CARCINOMA TONGUE + FLOOR OF MOUTH

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? 141X

22. *I hereby certify that I attended the deceased from* 6-25-52, *19*____, *to* 6-14-52, *19*____, *that I last saw the deceased alive on* 6-14-52, *19*____, *and that death occurred at* 7:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE Victor B Kiefer Jr M.D. (Degree or title)

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 6-16-52

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

24b. DATE JUNE 18TH 52

24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY.

24d. LOCATION (City, town, or county) ST. LOUIS (State) MISSOURI.

DATE REC'D BY LOCAL REG. JUN 16 1952

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. **ADDRESS** 1827 Hogan St.

S.O. (Licensed Embalmer's Statement on Reverse Side)

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 M. W. Rutter

Licensed Embalmer No. 4865

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.