V.S. No. 300
Rev. 10.48

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

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40211

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10491

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) 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3618 Aldine Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY 2119
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
d. STREET ADDRESS (If rural, give location) 3618 Aldine ave

3. NAME OF DECEASED (Type or Print)
a. (First) Francis
b. (Middle)
c. (Last) Bogan.

4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 53

5. SEX F
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow d
8. DATE OF BIRTH 2-22-1884
9. AGE (In years last birthday) 69 — 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Byhalia Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander Hudson
13b. MOTHER'S MAIDEN NAME Carolina Buckland
14. NAME OF HUSBAND OR WIFE Sylvester Bogan Dead

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, ADDRESS Benjamin Bogan 3618 Aldine Ave

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) General Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 10-25-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Liver — 1952
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 ☐ 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? 1561

22. *I hereby certify that I attended the deceased from* 10/1, 1953, *to* 10/30, 1953, *that I last saw the deceased alive on* 10/30, 1953, *and that death occurred at* 4:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Williams (Degree or title) M.D.
23b. ADDRESS 2702 N Franklin
23c. DATE SIGNED 11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-5-53
24c. NAME OF CEMETERY OR CREMATORY Father Dixon Cemetery
24d. LOCATION (City, town, or county) County (State) MO

DATE REC'D BY LOCAL REG. NOV 5 1953
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe
ADDRESS 2930 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

Mrs Myrtle

Chr

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.