

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9238

State File No.

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'FALLON 4</u>		c. LENGTH OF STAY (in this place) <u>2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROEPER HOME</u>				d. STREET ADDRESS (If rural, give location) <u>4230 OLIVE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>E</u>		c. (Last) <u>BOGAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 17 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>JUNE 16 1859</u>		9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>O'BRYAN</u>			13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK BOSHER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROEPER HOME CHART O'FALLON MO</u>				
18. CAUSE OF DEATH Enter only one cause or 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) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH				
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Senility</u>				
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Viral Respiratory Infection</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?				
22. I hereby certify that I attended the deceased from <u>Jan 12</u> , 19 <u>54</u> , to <u>Mar 17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar 16</u> , 19 <u>55</u> , and that death occurred at <u>4:00</u> A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harold G. Mangold D.O. 2</u>				23b. ADDRESS <u>O'Fallon Mo</u>		23c. DATE SIGNED <u>Mar 17, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>MAR. 19 '55</u>		24b. DATE <u>MAR. 19 '55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		
DATE REC'D BY LOCAL REG. <u>March 17-55</u>		REGISTRAR'S SIGNATURE <u>Ea Keithly</u> <u>280</u>		FUNERAL DIRECTOR'S SIGNATURE <u>4386 Wendell St. Louis Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 11AM

APR 25 1955

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 Ea Keithy

Licensed Embalmer No. 827

P. O. Address Dallas Tex

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.