No. 300
10-48

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

FILED JUN 27 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19888

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5279

**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): Homer G. Phillips Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 10 3143 New Ashland 2109

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

**4. DATE OF DEATH** (Month) (Day) (Year): June 14, 1955

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: April 11, 1888
**9. AGE** (In years last birthday): 67 — 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): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Okolona, Mississippi
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Grant Bogan
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**:
**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Ira Betty Morris — ADDRESS: 2830 Thomas St.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION
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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Undet.

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.*

**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?**: 443X

22. *I hereby certify that I attended the deceased from* March 22, 1955, *to* June 14, 1955, *that I last saw the deceased alive on* June 14, 1955, *and that death occurred at* 9:20 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Edward B. Williams M.D.
**23b. ADDRESS**: 2601 N. Whittier Street
**23c. DATE SIGNED**: 6-15-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 6-20-55
**24c. NAME OF CEMETERY OR CREMATORY**: Washington Park Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUN 18 1955
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Metropolitan Funeral System, Inc. 5010 Enright
S.P.
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul V. Freeman.....

Licensed Embalmer No. 46

P. O. Address 4729 Ha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.