

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2-1955

State File No.
318 PRIMARY REG. DIST. NO. 1003 Registrar's No.
5374

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Macoupin	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)	c. LENGTH OF STAY (In this place) township) 4 years	c. CITY OR TOWN Staunton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3971 Connecticut		e. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED (Type or Print)	a. (First) Leon	b. (Middle)	c. (Last) Bogus	4. DATE OF DEATH (Month) (Day) (Year) June 20, 1955
-------------------------------------	------------------------	-------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 1, 1875	9. AGE (In years last birthday) 79	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) Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal	11. BIRTHPLACE (City and State or Foreign Country) Austria	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	---	--

13a. FATHER'S NAME Paul Bogus	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Bogus
--------------------------------------	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 345-07-0356A	17. INFORMANT'S SIGNATURE OR NAME William Burnett, 3971 Connecticut	ADDRESS
--	---	--	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Embolism		2 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis, Chronic DUE TO (c) Senility		2 yrs.
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 <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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222
--	--	--

22. I hereby certify that I attended the deceased from **Jan 1 - 1951**, to **6-20, 1955**, that I last saw the deceased alive on **6-20, 1955**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE L. F. Murray M.D.	(Degree or title) 23b. ADDRESS 605-A-Russell Bldg.	23c. DATE SIGNED 6-21-55
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-21-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Staunton, Ill.
--	--------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. JUN 21 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	ADDRESS
---	--	--	---------

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

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.....
Signature of Student Embalmer

Signed *Elmer R. Gadwell*.....

Licensed Embalmer No. *407*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.