

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24889

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 500 Registrar's No. 1702

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Le May</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 Mo</b>		e. STREET ADDRESS (If rural, give location) <b>-4925 Wise Avenue 2047</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mt. St. Rose Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bernard</b> b. (Middle) <b>P.</b> c. (Last) <b>Bogy, Jr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 - 25 - 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11 - 12 - 1894</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____	RECORDED (In Hours) _____ (In Minutes) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Law</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Bernard P. Bogy</b>	13b. MOTHER'S MAIDEN NAME <b>Myrtle Elaine Griffith</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine V. Bogy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>090-01-4742</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Catherine V. Bogy</b>	ADDRESS <b>4925 Wise Ave</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b> <b>5 years</b> <b>2 years</b> <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thyroidectomy</b> DUE TO (c) <b>Emphysema, Obstruction</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cholelithiasis</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>002X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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I hereby certify that I attended the deceased from July, 1953, to July 25, 1955 and I last saw the deceased alive on July 25, 1955, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Sharon Sweet</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>50th Grand St. Louis, Mo</b>	23c. DATE SIGNED <b>7-25-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/27/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/26/55</b>	REGISTRAR'S SIGNATURE <b>Richard R. Amberg</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>	ADDRESS <b>1905 Union Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Carla B. Sweet

SEP 29 1958

JUN 12 1958

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 *Albert R Thompson*

Licensed Embalmer No... 423

P. O. Address *St. Louis*

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.