

FILED VS MAY 18 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 20 Yrs		c. CITY OR TOWN St. Louis Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns, Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3707 Utah Pl.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) WILLIAM R BOGGS				4. DATE OF DEATH 5-7-1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widow <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-12-1882		9. AGE (last birthday) 77 3/4		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) sales man			10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and state or country) Kell ILL.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Boggs				13b. MOTHER'S MAIDEN NAME Not Known				14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give year or dates of service) NO				16. SOCIAL SECURITY NO. 489-10-1439		17. INFORMANT Address John Costello 3707 Utah Pl.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia										INTERVAL BETWEEN ONSET AND DEATH 3 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)			
DUE TO (c) 491x													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 8-15-58 to 5-7-60 and last saw him alive on 5-7-60 Death occurred at 10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) John F. Mc Carr M.D.						22b. ADDRESS 4401 Hampton			22c. DATE SIGNED 5-10-60				
23a. BURIAL, CREMATION, REMAINS (Specify) Burial		23b. DATE 5-11-1960		23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.			23d. LOCATION (City, town, or county) (State) St. Louis Mo.						
24. FUNERAL DIRECTOR WINGBERMUEHLE ADDRESS				25. DATE RECD. BY LOCAL REG. MAY 10 1960		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.							

3819 S. GRAND -- ST. LOUIS, MO. 78

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George W. H. [Signature]

Licensed Embalmer No. 4611

P.O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.