

318

1003

2258

STATE FILE NUMBER

AMENDED

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

FILED VS. MAR 16 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **50 yrs**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4661a Labadie** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Grace K Boga
 4. DATE OF DEATH Month Day Year
3 5 61

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH **3-2-1898** 9. AGE (last birthday) **63**
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
0 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Domestic**
 10b. KIND OF BUSINESS OR INDUSTRY **Franklin Co Mo** 11. BIRTHPLACE (City and state or country) **U S A**
 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Clay Kinder** 13b. MOTHER'S MAIDEN NAME **Maria Renfro** 14. NAME OF HUSBAND OR WIFE **Austin Boga**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **N.C.**
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Austin Boga** Address **4132 Finney Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Probable Carcinoma of the Bladder**
 DUE TO (b) _____
 DUE TO (c) **181.D**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Non-functioning Right Kidney, Cystitis, Chronic

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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 NOT WHILE AT WORK
 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 **2-6-61** to **3-5-61** and last saw ^{her} alive on **3-5-61**
 Death occurred at **9:10** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Merle B. Herford M.D.** 22b. ADDRESS **2601 N. Whittier St.** 22c. DATE SIGNED **3-6-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3-8-1961** 23c. NAME OF CEMETERY OR CREMATORY **National** 23d. LOCATION (City, town, or county) (State) **Jefferson Brks Mo**

24. FUNERAL DIRECTOR **JAS H. RANDLE & SON** ADDRESS **3133 Bell Ave** 25. DATE RECD. BY LOCAL REG. **MAR 8 1961** 26. REGISTRAR'S SIGNATURE **Loal Smith, M.D.**

DATE AMENDED _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____
 ITEM NO. _____

Missouri

St. Louis

St. Louis

Edie L. Harris

Homer G. Collins

Body

Grace

Female

Color

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 Chronic, Cystitis, Right Kidney, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Edie L. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washburn

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.