

Registration District No. 784Primary Registration District No. 200Registrar's No. 818

1. PLACE OF DEATH:

- (a) County St. Louis
 (b) City or town Welleston Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) None
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Mabel Bogy 2071

8. (b) If veteran, name war ***** 8. (c) Social Security No. *****

4. Sex Female 6. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Bogy 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 7 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 4 23 1/8 hr. _____ min.

9. Birthplace Arkansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name Jesse Allen
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Leahon Blington
 (City, town, or county) (State or foreign country)
 15. Birthplace Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Bogy
 (b) Address 1462 Morton Av Welleston Mo
 17. (a) Burial (b) Date thereof April 27 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
Petz Brothers
 18. (a) Signature of funeral director _____
 (b) Address 8029 Lafayette Ave
 19. (a) APR 26 1940 (b) R. J. Rosson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town Wellston Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1940 Morton Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day April
 year 1940 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from
Feb 18, 1940, to April 25, 1940;
 that I last saw her alive on April 24, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
ovary - Ruptured Duration 2 yrs

Due to _____
 Due to _____

Other conditions Secondary anemia - psychosis 1 1/2 yrs
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
707 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature R. J. Rosson (M. D. or other) _____
 Address St Louis Co Hosp Date signed 4-26-40

*Dr. Parsons
Committee Disgraced*

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank J. Owens*.....

Licensed Embalmer No. *2245*.....

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

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 this body is not embalmed, above space should be left blank.