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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 9206

Registration District No. 791

Primary Registration District No.

Registrar's No. 2616

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-Hour (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00010

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3609 North Newstead 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Officer Joseph Boggs

3. (b) If veteran, name war World

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced 1 M.

6. (b) Name of husband or wife Dorothy Boggs

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Sept. 1st., 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	6	21	hr. min.

9. Birthplace St. Louis 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Patrolman

11. Industry or business Metro. Police Dept.

FATHER
12. Name Leonard Boggs
13. Birthplace St. Louis 0 Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Trice
15. Birthplace St. Louis 0 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Boggs
(b) Address 3609 North Newstead Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 24 1941 (Date received local registrar) (b) J. F. Baldrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 nd., year 1941 hour 12 minute 50 p. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound in Temple; self inflicted at his home 3609 N.

Due to Newstead Ave., on March 22nd, 1941, at about 11:40 A.M.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) SUICIDE

(b) Date of occurrence March 22nd, 1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 3/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.