U. S. No. 2
M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED, JUN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18919

Registration District No. 1824 Primary Registration District No. 106 Registrar's No. 1184

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

7643

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Couch & Frisco Aves. 3
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Kirkwood 4 3
(If outside city or town limits, write "RURAL")
(d) Street No. 501 S. Sappington Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles A. Bogue
3. (b) If veteran, name war
3. (c) Social Security No. 702-03-9266

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Bessie Bogue
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March (Month) 28 (Day) 1890 (Year)

8. AGE: Years 52 Months 2 Days - If less than one day hr. min.

9. Birthplace Elmdale (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Section Foreman
11. Industry or business Frisco R. R. Co.,
FATHER
12. Name Daniel A. Bogue
13. Birthplace Iowa (City, town, or country) (State or foreign country) 1
MOTHER
14. Maiden name Hattie Kinnison
15. Birthplace Parsons (City, town, or county) Kansas (State or foreign country) 1
16. (a) Informant Mrs. Bessie Bogue
(b) Address 501 S. Sappington, Kirkwood,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,
19. (a) MAY 30 1942 (Date received local registrar) (b) C. E. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 9 A. M. minute 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.

	Duration
Immediate cause of death Natural causes.	
Due to Chronic Myocarditis and Arteriosclerosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy Yes.	

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? 3
(Specify type of place)
While at work? (e) Means of injury
23. Signature Louis H Bopp Jr (M.D. or other)
Address Kirkwood, Mo. 6/29/42 Date signed

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(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1942

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 Louis H Bopp, Registered-Apprentice No. ....., working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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, fact should be so stated above.