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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943 818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15878

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5180

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: City Hospital - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 176
(If outside city or town limits, write "RURAL")

(d) Street No. 1390 Clara 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SAM BOGDANOW

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Sarah Bogdanow

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 64 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Painter

11. Industry or business for himself.

FATHER
12. Name Yosha Shmeal Bogdanow
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Esther Shuca
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Mrs. Mary Swain

(b) Address 1218 Walton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director Ambrandlers

(b) Address 4469 Washington

19. (a) JUN 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1943 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from 1940, 19, to 6/3 1943, 19; that I last saw him alive on 6/3/43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hypertension - arteriosclerotic heart disease

Due to Cardiac decompensation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Julius Elson (M. D. or other)

Address 4500 Olive Date signed 6/4/43

(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 W. B. Oberhandler

Licensed Embalmer No. 3669

P. O. Address.....

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.