No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 318 — Primary Registration District No. 8003 — State File No. 14948 — Registrar's No. 3145

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: 4700 McPherson Avenue. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4700 McPherson Avenue. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Bogan.
3. (b) If veteran, name war None
3. (c) Social Security No. 495-22-8366
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Bogan.
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased September 3, 1890. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	7	5	hr. min.

9. Birthplace Champaine, Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER 12. Name Theodore Bogan.
13. Birthplace Dont know. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Agnes Bogan.
(b) Address 4700 McPherson Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation St.Ferdinand Cemetery
18. (a) Signature of funeral director Geo.L.Pleitsch,Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) APR 9 1945 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th. year 1945 hour 2 minute 25 A.M.
21. I hereby certify that I attended the deceased from April 3, 1945, to April 8, 1945, that I last saw him alive on April 8, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	24 hrs
Due to: Metral insufficiency Cardiac Decompensation	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ADDITIONAL SUPPLEMENTARY
Of autopsy INFORMATION REQUESTED

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) accident 4-3-45
(b) Date of occurrence Fairmont hotel
(c) Where did injury occur? St Louis (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)
While at work? yes (e) Means of injury
23. Signature S. B. Levin (M. D. or other)
Address 4487 Westminster Date signed 4-9-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. S.S.Levin.
4487 Westminster Place.
Newstead 3613 e.

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 Ben E. Hoffman

Licensed Embalmer No. 4366

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, fact should be so stated above.

Dr. Sidney S. Levin
4487 WESTMINSTER PLACE
N. E. CORNER TAYLOR AND WESTMINSTER
St. Louis, Mo.

May 23,1945.

Dr. James Stewart,
Jefferson City,Mo.,

Dear Doctor:

The certificate of death signed on Arthur Bogan, who died April 8th. 1945,states that the cause of death was due to Mitral Regurgitation,Cardiac Insufficiency.

The above came to my office about 2:30 P.M. April 3,1945. History of an accident at the Fairmount Hotel,Maryland and Euclid Aves. at 11:30 A.M.,stated that a small steam boiler, which he used to remove wall paper, broke, setting fire to carpet. He became unconscious for a few minutes, was placed in hall by employees and given some liquor,reviving him.

On physical examination of above, no evidence of accidental injury, either inhalation or traumatism. Complained of some pain in his chest.

Chest examination - blowing systolic murmur at the apex transmitted,some irregularity of pulse.

Diagnosis - Cardiac decompensation. Mild sedative was prescribed,was seen daily at my office until 2 A.M. April 8,1945, when I was called to his home by his wife, where I found him dead, lying across bed with clothes on.

General Appearance - Cardiac death. His wife stated that he had just returned home about an hour prior to his death.

The cause of death, in my opinion, has no relation to the accident.

Respectfully yours,

S. Levin

Sidney S. Levin,M.D.

SSL*KS

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