V. S. No. 2
50M—1/47
Rev. 5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28854

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 Firman-Desloge Hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4116 Lee Ave 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 10 0
If yes, name country

3. (a) PRINT FULL NAME Bogy, William
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 Married
6. (b) Name of husband or wife Nettie Bogy
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 24 1889 (Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Elevator Operator
11. Industry or business
FATHER
12. Name William Bogy
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Nellie Bogy
(b) Address 4116 Lee Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave
19. (a) AUG 27 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 26 year 1947 hour 7 minute 30 a. M.
21. I hereby certify that I attended the deceased from 8/11, 1947 to 8/26, 1947 that I last saw him alive on 8/25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	Aug 23/47
Due to Generalized arteriosclerosis	8
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause of 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 None
(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 0
23. Signature Robert E. Fox (M. D. or other)
Address 1325 So. Grand Blvd. Date signed 8/26/47

Jefferson City Printing Co.
(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 Homer W. Fritz

Licensed Embalmer No. 3882

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.