

FILED JAN 28 1948
Registration District No. **3069**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **RICHMOND HEIGHTS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **ST. MARYS HOSPITAL**
(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)

3. (a) PRINT FULL NAME **BEATRICE B. BOGNER**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** / 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **DIVORCED**
6. (b) Name of husband or wife **UNKNOWN**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **AUGUST 19 1900**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	5	1hr.min.

9. Birthplace **ST. LOUIS, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business
12. Name **ROBERT J. MITCHELL**
13. Birthplace **ST. LOUIS, MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **CLARA ELLEN LAMBY**
15. Birthplace **ST. LOUIS, MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. LICELE M. FORD**
(b) Address **5533 KENMORE, CHICAGO, ILL.**
17. (a) **REMOVAL** (Burial, cremation, or removal) (b) Date thereof **1-22-48**
(Month) (Day) (Year)
(c) Place: burial or cremation **ATLANTA, GEORGIA**

18. (a) Signature of funeral director **C. R. LUPTON & SONS**
(b) Address **7233 DELMAR BLVD.**
19. (a) **1-22-48** (Date received local registrar) (b) **Paul J. Slay** (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State **ILLINOIS** (b) County **999**
(c) City or town **CHICAGO** (If outside city or town limits, write "RURAL")
(d) Street No. **5533 KENMORE AVE.** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JANUARY** day **20** year **1948** hour **2:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **12-22-47** to **1-20-48** 1948, that I last saw her alive on **1-19-48** 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Ovary left with general abdominal metastases**
Due to **Also had Carcinoma of recto-sigmoid, operated 8/45**
Major findings: **Massive metastases, 2 large ovarian cysts**
Of autopsy
Duration
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.....
(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 **Charles T. Sherrin** (M. D. or other) Address **3750 Washington** Date signed **1-21-48**

FEB 24 1946

3720 Brookington
93 6746
3-5

JAN 28 1946

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 Clarence A. Murray

Licensed Embalmer No. 4011

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.