

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20674

State File No. _____

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **5772**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5681 Waterman Ave.
(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 Charles L. Boggiano

3. (b) If veteran, name war World # 1 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Elta Boggiano 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. 6th., 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 22 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Am. Credit Ass'n.

11. Industry or business _____

12. Name Louis Boggiano

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Angela Boggiano
(City, town, or county) (State or foreign country)

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elta Boggiano

(b) Address 5681 Waterman Ave.

17. (a) Burial (b) Date thereof 6-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur S. Donnelly

(b) Address 3840 Lindell Bldg.

19. (a) JUN 28 1948 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5681 Waterman Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th.,
year 1948 hour 3:35 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Dec. 13, 1941 to June 27, 1948;
that I last saw him alive on Dec. 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
LT. & RT. Duration 15 MO.

Due to Hypertensive C.V. disease

Due to _____

Other conditions none
(Include pregnancy, within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following: NO

(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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Henry E. Oppenheimer (M. D. or other) MD
Address 3720 Washington Ave Date signed 6-28-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 H VanMatre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.