

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6952

State File No. ....

FILED MAR 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 468

4004

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3519 Cambridge Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3519 Cambridge Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>3519 Cambridge Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>BOGUE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>4-13-1905</u>		9. AGE (In years last birthday) <u>45</u>		10. MONTHS <u>10</u> DAYS <u>4</u>	
11. BIRTHPLACE (State or foreign country) <u>Elmdale, Ks.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. HOURS <u>4</u> MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yard Master</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Elmdale, Ks.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>David A. Bogue</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Kennison</u>	
14. NAME OF HUSBAND OR WIFE <u>Mildred Morgan Bogue</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-03-5523</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Bogue, above</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		19. ADDRESS <u>above</u>	

13a. FATHER'S NAME <u>David A. Bogue</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Kennison</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Morgan Bogue</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-03-5523</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Bogue, above</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		19. ADDRESS <u>above</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		19. ADDRESS <u>above</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>same</u>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
Conditions contributing to the death but not related to the disease or condition causing death.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
21a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		23a. SIGNATURE (Degree or title) <u>Herbert R. Dombke</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		23b. ADDRESS <u>651 Brentwood, Clayton, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23c. DATE SIGNED <u>2-19-51</u>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23a. SIGNATURE (Degree or title) <u>Herbert R. Dombke</u>		23b. ADDRESS <u>651 Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>2-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Ceme.</u>	
24b. DATE <u>2-20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>2/19/51</u>	
DATE REC'D BY LOCAL REG. <u>2/19/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jay B. Smith, Maplewood 17, Mo.</u>	

21a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		23a. SIGNATURE (Degree or title) <u>Herbert R. Dombke</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		23b. ADDRESS <u>651 Brentwood, Clayton, Mo.</u>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*J.P. Burgess*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.