

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5007**

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) D.O.A. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | c. CITY OR TOWN Affton 482⁰ | |
| | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS 8619 Ivy | | | |
| 3. NAME OF DECEASED a. (First) Michael b. (Middle) Bogad c. (Last) Bogad | | | 4. DATE OF DEATH June 5, 1954 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Sept 19, 1897 |
| 9. AGE (In years last birthday) 56 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | 11. BIRTHPLACE (City and State or Foreign Country) Hungary |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Steve Bogad | | 13b. MOTHER'S MAIDEN NAME not known | 14. NAME OF HUSBAND OR WIFE Emma Bogad |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Bogad 8619 Ivy |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Gunshot wound of skull led brain; when deceased was found on River Des Peres Drive near Gravois Ave., on June 5, 1954, about 6:15 a.m. | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suicide, while suffering from temporary mental aberration | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION aberration | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUSPECT HOMICIDE Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Louis Mo | (STATE) |
| 21d. TIME OF INJURY June 5 54 6a | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E976X | |
| 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 6:15 a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Joseph M. Ziegenhein | | 23b. ADDRESS 1300 Clair | 23c. DATE SIGNED 6/7/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 6/7/54 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo |
| DATE REC'D BY LOCAL REG. JUN 7 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith mo | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois |

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Fred J. Tanner

Licensed Embalmer No. *4786*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.