

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1574

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Meachem Park</u> <u>Kirkwood 22</u> | | c. LENGTH OF STAY (In this place) <u>7 yrs</u> | c. CITY OR TOWN <u>Kirkwood 22</u> <u>4 11/3</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>345 Chicago Ave.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS | | e. STREET ADDRESS (If rural, give location) <u>346 Chicago Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>James</u> | b. (Middle) <u>Lee</u> | c. (Last) <u>Bogens</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1954</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>May 26, 1913</u> | 9. AGE (In years last birthday) <u>41</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u>7</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>self employed</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Birmingham, Ala.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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| 13a. FATHER'S NAME <u>James Bogens</u> | 13b. MOTHER'S MAIDEN NAME <u>I B White</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 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>unk</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Jas Ward</u> | ADDRESS <u>413 New York St. Kirkwood 22</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown causes</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7955</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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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.

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| 23a. SIGNATURE <u>Herbert R. Domke</u> Herbert R. Domke, M.D., Local Registrar | (Degree or title) | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u> | 23c. DATE SIGNED <u>7/8/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>7/4/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7/4/54</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u> | FUNERAL DIRECTOR'S SIGNATURE <u>W. Bopp, Inc</u> | ADDRESS <u>Kirkwood 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 304

P. O. Address Clear Lake

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.