

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14488

FILED MAY - 8 1957

State File No.

 BIRTH NO. 32705-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4012

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				e. STREET ADDRESS (If rural, give location) 1237 1727 Preston Place			
3. NAME OF DECEASED (Type or Print) Johnny		a. (First)		b. (Middle) Ray		c. (Last) Boggs	
4. DATE OF DEATH (Month) (Day) (Year) 4 24 57		5. SEX Male		6. COLOR OR RACE white		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	
8. DATE OF BIRTH 4 24 57		9. AGE (In years last birthday) 52		10. MONTHS 5		11. DAYS 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James Ray Boggs		13b. MOTHER'S MAIDEN NAME Emma Jean Quillen		14. NAME OF HUSBAND OR WIFE			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James Boggs 1727 Preston Place			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hydrocephalus				unknown	
*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					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)				Spinal Bifida	
		DUE TO (c)				Club feet	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				h	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 752x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
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"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>4-24-1957</u> to <u>4-24-1957</u> that I last saw the deceased alive on <u>4-24-1957</u> , and that death occurred at <u>9:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. F. Mistachkin M.D.				23b. ADDRESS 1375 So Grand		23c. DATE SIGNED 4-26-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORIUM		24d. LOCATION (City, town, or county) (State)	
Removal		4-26-1957		St. Trinity Lutheran		St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. APR 26 57		REGISTRAR'S SIGNATURE Charles Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN'S, 2301 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Not Emb. Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed A. G. Farris.....

Licensed Embalmer No. 3381

P. O. Address A. Farris.....

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.