

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22384

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. Christian Hospital)..... St. Ward)

File No.
Registered No. 6574

2. FULL NAME Infant of Joseph & Rose Hogan

(a) Residence. No. 3017 Rauschenbach Ave. St., 20 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22nd 1928

17. HEREBY CERTIFY, That I attended deceased from June 22, 1928 to June 22, 1928 that I last saw him alive on June 22, 1928, and that death occurred, on the date stated above, at 4:30 a.m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *****

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH. no DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) M. E. Jones M. D.
June 22, 1928 (Address) Kuster Bldg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22nd 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cremature birth 139
1610 (duration) yrs. mos. ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

CONTRIBUTORY (SECONDARY) Cyctitis of mother (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph Hogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Rose Grimler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Joseph Hogan
(Address) 3017 Rauschenbach

15. FILED IN 22 1928 Wm C Standley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL June 22 1928

20. UNDERTAKER Hy. Leidner Und Co ADDRESS 1417 N. Mkt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Hyler
0590-