

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

Do not use this space.

22645

1. PLACE OF DEATH
 County St. Louis Registration District No. 701
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. St. Luke's Hosp.)
 2. FULL NAME Walter Duwood Hoggatt
 (a) Residence. No. St. Luke's Hosp. 12 ft (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

File No. _____
 Registered No. 6880
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Mar.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (see INDEX) <u>Hilda Bertram</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 4, 1894</u>		
7. AGE <u>33</u>	YEARS <u>10</u>	MONTHS <u>25</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Houseman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>St. Luke's Hosp</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Grove Springs Mo</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Phillip Hoggatt</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>M.S.</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Jona Jones</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY)	
14. INFORMANT <u>Mrs. H. E. Lewis</u> (Address) <u>Bay City Mich.</u>		
15. FILED <u>11-2-23</u> <u>Miss C. Stanley</u> REGISTRAR		

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/30 19 28

17. I HEREBY CERTIFY That I attended deceased from June 25 1928 to June 30 1928, and that I last saw him alive on June 29 1928, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured appendix
12.18.
131

(duration) _____ yrs. 5 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Nephritis chronic
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT IN PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF 6/27/28
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) C. P. Whisler, M. D.
 (Address) St. Luke's Hospital
6/30, 19 28

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Mo. DATE OF BURIAL July 30 1928

20. UNDERTAKER Alexander & Louis ADDRESS 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

