

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

Do not use this space.

12042

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 10003
 City St Louis (No. 2209 Hebert St) St. 10 Ward 10
 Registered No. 3296

2. FULL NAME

James Hogan
 (a) Residence, No. 2209 Hebert St., 10 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 19th 1859

7. AGE 72 YEARS 1 MONTHS 26 DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) telegraph operator
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St Louis Mo

10. NAME OF FATHER John Hogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary McIntyre

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14.

INFORMANT Sister Jeanne
 (Address) 2209 Hebert St

15.

FILED 10 16 19 St Louis REGISTRAR Arthur J. Donnelly

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 15, 1931 (that I last saw him alive on March 14, 1931, and that death occurred, on the date stated above, at 6 to 6 m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no. DATE OF 10
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
 (Signed) Anthony A. Pekwaki, M. D.
3/16/1931 (Address) 1525 a Cass Ave.

*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 Calvary **DATE OF BURIAL** 3/16 1931

20. UNDERTAKER Arthur J. Donnelly **ADDRESS** 22039 Wash St

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.

1525 W. 2nd

930-11 am

1.