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.

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

Do not use this space.

6117

File No.
Registered No. 1139

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. Deaconess Hosp. St. Ward)

2. FULL NAME Charles L Hogg

(a) Residence, No. 7431 Flora Ave St., 4 Ward. Maplewood Mo.
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie L Hogg (Haile)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bookeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jakes Evens Mfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

FATHER

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 21

MOTHER

15. MAIDEN NAME Rebecca Harvick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

17. INFORMANT John P. Carnahan
(ADDRESS) 7428 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL
Bellefontaine Cem. DATE Feb. 5, 1932

19. UNDERTAKER Croghan Hill Co, INC.
(ADDRESS) 7146 Manchester Ave.

20. FILED FEB — 3 1932 19 Ray C Stavell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Feb. 2, 1932

I last saw him alive on Feb. 2, 1932. Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid Intestine (Colectomy) 4 M C

Date of onset

4 M C

Other contributory causes of importance:

Name of operation Removal of Obstruction Date of 1-23-32

What test confirmed diagnosis? Operation & X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Vincent H. Kennedy, M. D.

(Address) 3101 Sutton Ave Maplewood Mo