

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 9 1935

791  
1003

24425

1. PLACE OF DEATH

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

File No. ....  
Registered No. 5799  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 3630 PALM St. 10 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
49 2 19

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
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) St. Louis mo.

FATHER  
13. NAME John A Hogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER  
15. MAIDEN NAME Margaret Lynch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT Nora Hogan  
(ADDRESS) 3630 Palm St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cemetery DATE July 8, 1935

19. UNDERTAKER G. J. Donnelly  
(ADDRESS) 2870 Lindbergh Ave. Willow mo.

20. FILED UL - 6 1935 J. P. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 (Fri) 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Chronic Interstitial Nephritis  
Cardiac Hypertrophy  
Other contributory causes of importance:  
31

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes

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? L  
(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 L

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Harold P. Kelley M. D.  
(Address) Dep. Box

