

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.

MAR 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... **1003**  
City **St. Louis** (No. **3854**, **Butaniceal ave**)  
Primary Registration District No. ....

File No. **12773**  
Registered No. **2824**  
St. .... Ward)

2. FULL NAME

**Margaret Hogan**  
(a) Residence, No. **3854 Butaniceal ave** St. **17** Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **71** yrs. **7** mos. **23** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <b>HUSBAND OF Michael Hogan deceased</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 20-1864</b>		
7. AGE	YEARS <b>71</b>	MONTHS <b>7</b>
	DAYS <b>23</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>House Work</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>at Home</b>	
	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) <b>St. Louis</b>		
FATHER	13. NAME <b>Samuel Helferman</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>	
MOTHER	15. MAIDEN NAME <b>Leont. Knou</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>	
17. INFORMANT <b>Robert Hogan</b> (ADDRESS) <b>3854 Butaniceal ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>Mich 16 1936</b>		
19. UNDERTAKER <b>Eduard St Howard + Son</b> (ADDRESS) <b>4212 St. Louis ave</b>		
20. <b>MAR 14 1936</b> Registrar <b>J. Bredeck</b>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March-13 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 13 1936** to **Mar 13 1936**  
I last saw her alive on **March 12 1936** Death is said to have occurred on the date stated above, at **6:40 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Endocarditis**  
**920**  
Other contributory causes of importance:  
**Asthma, Hypertension 1931**

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

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 **Dr. Gustav Dahms**  
(Signed) **M.D.**  
(Address) **1802 St. Grand St.**

