

FEB 12 1938

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

 154
 Do not use this space.

1. PLACE OF DEATH

 (a) County..... Registration District No. **701**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2431a Bacon St.** Registered No. **10**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Hoagland 245
 (a) Residence, No. **2431a Bacon St.** St. **11**
 (Usual place of abode, if no street address, write county or city) (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 (write the word) **Married**

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Agnes Hoagland**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 23, 1892**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 7

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Chauffeur**
 9. Industry or business in which work was done, as saw mill, bank, etc. **10**
 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 **William Hoagland**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jersey City New Jersey**

 MOTHER 15. MAIDEN NAME **Nellie Farley**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rockford Illinois**
17. INFORMANT (ADDRESS) **Mrs. Agnes Hoagland 2431a Bacon St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 3, 1938**19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers 1710 N. Grand Blvd**20. FILED **JAN 1 1938** **J. T. Bredeck** (Address) **22785 1/2 Pearson**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 30, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **December 25th, 1937 to December 30th, 1937**
 I last saw him alive on **December 30th, 1937** Death is said to have occurred on the date stated above, at **9.15 A.M.**

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

Arteriosclerosis
Aponlexy (cerebral hemorrhage)

 Other contributory causes of importance
Grinpe

 Name of operation **None** Date of.....
 What test confirmed diagnosis? **All USUAL** Was there an autopsy? **NA**

 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) **Oliver J. Bredeck** M. D.(Address) **22785 1/2 Pearson**

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STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Fred Frick
Licensed Embalmer No. 3186

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)