

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

REC'D APR 8 1938

12084  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 111 Registered No. 484  
 (c) City St. Louis (d) Street No. St. Mary's Hospital St.  
 (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** Edward H. Hogan 250

(a) Residence, No. 2105 Hadley St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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  Ida M. Hogan  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-26-'88

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
50 - 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Casket Polisher  
 9. Industry or business in which work was done, as 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) Louisville, Ky.

FATHER 13. NAME Edward Hogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Josephine Morley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Ida M. Hogan 2105 Hadley

18. BURIAL, CREMATION, OR REMOVAL PLACE Frieden's Cemetery 3/13/'38

19. FUNERAL DIRECTOR (ADDRESS) Truth Center Mortuary 4024 Lindell Bl.

20. FILED 076 1938 J.R. Meyer M.D. Reg.  
 (Address) 2743 NO General Bld.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-'38 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938, to Mar 13, 1938

I last saw him alive on Nov 12, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

124181 -  
Acute toxic Hepatitis Date of onset Mar 1-39  
Cardiovascular Disease  
Pantal cirrhosis

Other contributory causes of importance:  
Cardiovascular Disease  
Pantal cirrhosis

Name of operation none 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? \_\_\_\_\_ (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?  
 If so, specify \_\_\_\_\_ M. D.  
 (Signed) William J. Meyer  
 (Address) 2743 NO General Bld.

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.

STATEMENT BY LICENSED EMBALMER

I, Jack H. Lubens, Licensed Embalmer No. 4004

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

L. E.

No. 4004 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Jack H. Lubens  
Licensed Embalmer No. 4004

**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.)**