

REC'D FEB 10 1939

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

814

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
 (b) Township St. Louis, Mo. Primary Registration District No. 1003 Registered No. 814
 (c) City St. Louis, Mo. (d) Street No. Howard 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 Claudine Hogan

(a) Residence, No. 2729 Tamm Ave. St. 3 (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 Female 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 Frank Hogan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1894
 7. AGE YEARS 44 MONTHS 5 DAYS 6 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Missouri 0

FATHER 13. NAME James Ballowe 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 9

MOTHER 15. MAIDEN NAME Mollie King

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

17. INFORMANT Frank Hogan
(ADDRESS) 2729 Tamm

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 1/28/39 19.

19. FUNERAL DIRECTOR (NAME) Edith E. Ambruster
(ADDRESS) 4234 Manchester

20. FILED JAN 26 1939 J. B. Bridick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1939, to Jan 26, 1939
 I last saw her alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 8:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Atherosclerosis
Syphilis

Name of operation Date of

What test confirmed diagnosis? Kahn 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) G. R. Shrock M. D. 3
 (Address) 4461 Washington

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Thomas Eynck*.....

Licensed Embalmer No. *1284*.....

P. O. Address *St Louis Mo.*.....

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.)

If this body is not embalmed, above space should be left blank.