

7-128
3-40
39
23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7481**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Hogan

3. (b) If veteran, name war

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mame Hogan

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Mar 3, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>0</u>	hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Patrick Hogan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Julia

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mame Hogan

(b) Address 515 S. Henth St

17. (a) Burial (b) Date thereof Sept 6 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John P. Collins & Co.

(b) Address 928 R. Grand Blvd

19. (a) SEP 5 1940 (b) [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 515 S. 4th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3, year 1940 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 31, 1940, to September 3, 1940;

that I last saw him alive on September 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalacia
Chr myocardin
Brach

Due to _____

Due to Atherosclerosis

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature John J. Perry (M. D. or other) _____

Address 2515 Lafayette Ave. Date signed 9/3/40

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.....

Robert S. Lippa

Licensed Embalmer No. *2971*

P. O. Address.....

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, fact should be so stated above.