. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33768

FILED NOV 16 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8465

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Josephine-Heitkamp Hospital. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

0 (d) Street No. 4148 Shaw Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary E. Hogan.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Peter H. Hogan.

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

7. Birth date of deceased Unknown (Month) (Day) 1867 (Year)

8. AGE: Years 73 | Months Dont | Days Know. | If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) 0 (State or foreign country)

10. Usual occupation 3

11. Industry or business City of St Louis 3

MOTHER FATHER

12. Name Michael Scannell.

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

14. Maiden name Margaret Morrisey.

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

16. (a) Informant Mrs. Roy Spier

(b) Address 4148 Shaw Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) OCT 12 1940 (Date received by local registrar) (b) J. F. Bradden (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th.
year 1940 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from 8-27-40, 19__, to 10-10, 1940
that I last saw h e alive on 10-10, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	2 yr
Due to 57	
Due to	
Other conditions. Hypertension (Include pregnancy within 3 months of death)	2 yr

Major findings:
Of operations ✓
Of autopsy ✓

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

23. Signature Dr W. H. Burroughs (M. D. or other)
Address 4766 a Morgan ford Rd. Date signed 10-11-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.