

Registration District No. 791

Primary Registration District No. 1003

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: 6416 Alabama  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Martin F. Hogan

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife was

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

7. Birth date of deceased: June 6, 1895  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Detective

11. Industry or business St. Louis Metro. Police Dept

12. Name John Edw. Hogan

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

14. Maiden name Sarah Gansner

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

16. (a) Informant J. O. Hogan

(b) Address 6416 Alabama

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof: 10-19-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Southern Funeral

(b) Address 6322 S. Grand Blvd

19. (a) OCT 18 1940  
(Date received local registrar)

(b) J. Bludick  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

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

(d) Street No. 6416 Alabama  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1940 hour \_\_\_\_\_ minute 6:30 a.m.

21. I hereby certify that I attended the deceased from Aug 14 1940 to Oct 17 1940 that I last saw him alive on Oct 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to Phlebitis of R. leg

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

Duration few hours

1-Month

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature J. Bludick (M. D. or other) \_\_\_\_\_

Address 5417 S Grand Blvd Date signed 10-18-40

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

MOTHER FATHER

Dr. Rund  
11-1

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**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 Vergil L. Berryman  
Licensed Embalmer No. 4018  
P. O. Address St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**  
If this body is not embalmed, fact should be so stated above.