

Registration District No.

791

Primary Registration District No.

1003

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

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 4234 Cote Brillante Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 30 yrs
years, months or days)

3. (a) PRINT FULL NAME Mattie Hogan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Lester 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Dec 22nd 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 7 If less than one day
hr. min.

9. Birthplace Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Edward Early
13. Birthplace Richmond Va
(City, town, or county) (State or foreign country)
14. Maiden name Laura Carr
15. Birthplace Unknown Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Celia Washburn
(b) Address 4234 Cote Brillante Ave
17. (a) Removal (b) Date thereof 11-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation America Lee

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 1322 Ave
19. (a) NOV 1 1940 (b) J. H. Randle & Son
(Date received local registrar) (Signature of registrar)

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. 4234 Cote Brillante Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 29th day 29th
year 1940 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11-2-39
to 1940 to 10-29 1940

that I last saw him alive on 10-29
and that death occurred on the date and hour stated above.

Immediate cause of death Pharynx
with effusion
no pneumonia
Due to non tubercular

Due to _____

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

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?

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

23. Signature J. H. Randle & Son (M. D. or other)
Address 1322 Ave Date signed 10-30-40

(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

J. H. Watson

Licensed Embalmer No.

2498

P. O. Address

2769 Charlotte

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.