

No. 2
-13-40
-17-39
K 23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8797
State File No. 2207
Registrar's No.

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community.....
years, months or days)

3. (a) PRINT FULL NAME William Andres Hogue
3. (b) If veteran, name war. none
3. (c) Social Security No. 702-12-5026

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie Drum
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Feb. 14, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	0	25	hr. min.

9. Birthplace Clinton / Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad switchman

11. Industry or business Terminal Railroad

MOTHER FATHER { 12. Name C. J. Hogue
13. Birthplace not known
14. Maiden name Minnie Graves
15. Birthplace not known

16. (a) Informant Chas. Burke
(b) Address East St. Louis, Ill

17. (a) Burial (b) Date thereof March 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Ill

18. (a) Signature of funeral director Chas. Burke
(b) Address East St. Louis, Ill

19. (a) J. F. Bredeck (b) J. F. Bredeck
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(d) Street No. 411 N. 12th
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 5 1941 to Mar. 9 1941;
that I last saw him alive on March. 9 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Chronic Myocarditis
(rheumatic) Duration 5 Mo

Due to Coronary Occlusion 4 da.

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 930
Of operations: 930
Of autopsy: 1
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? -
(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 Ralph Thompson (M. D. or other) M.D.
Address Ms. Pac 7400p. Date signed 3/9/41

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

WAR 10 1941

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.....

Chas McRue

Licensed Embalmer No. 2421

P. O. Address East St Louis Ill

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.