. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19669

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 19782

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 23 days (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis, 921
(If outside city or town limits, write "RURAL")
(d) Street No. 3136 Sheridan
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Everett Hogan
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 15 (Day) 1911 (Year)

8. AGE: Years 30 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Wichita (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name Everett Hogan Sr.
13. Birthplace (City, town, or county) Kan. (State or foreign country)

MOTHER
14. Maiden name Perry
15. Birthplace Eureka (City, town, or county) Kan. (State or foreign country)

16. (a) Informant Lillie Weakly
(b) Address 2817 Dayton
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof July 7 (Month) (Day) 42 (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Dunn Funeral
(b) Address 215 So. Jefferson
19. (a) JUL 7 1942 (Date received local registrar) (b) J. F. Britton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3, year 1942 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 11, 1942 to July 3, 1942 that I last saw him alive on July 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Luetic Heart Disease	1 yr.
Pulmonary Tuberculosis	2 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations O	
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 O

23. Signature C. C. Moore (M. D. or other)
Address 2601 Whittier Date signed 7/7/42

(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 S. J. Watson

Licensed Embalmer No. 269

P. O. Address 2769 Chouteau

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.