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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19670

State File No. ....

FILED JUL 20 1942

Registration District No. **791**

Primary Registration District No. **100**

Registrar's No. **5828**

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:  
**City Hosp #10**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**

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

(d) Street No. **2606 Louisiana Ave**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? **No** years.

3. (a) PRINT FULL NAME **Thomas W Hogan**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7th.**  
year **1942** hour **2:00** minute **PM** M.

21. I hereby certify that I attended the deceased from .....  
....., 19....., to ..... 19.....;

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary G.** 6. (c) Age of husband or wife if alive **Deed** years

7. Birth date of deceased **Jan 8th. 1875**  
(Month) (Day) (Year)

that I last saw h..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
.....

8. AGE: Years Months Days If less than one day

**67** **5** **29** hr. min.

Due to **Coronary Occlusion**

Due to **Arterio Sclerosis**

Other conditions  
(Include pregnancy within 3 months of death)

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

10. Usual occupation **State & Tile Roofing Co**

11. Industry or business **Owner**

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
.....  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **Daniel Hogan**

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

14. Maiden name **Julia Nash**

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

16. (a) Informant **Mrs Johanna Church**

(b) Address **5856 Ridge Ave**

17. (a) **Burial** (b) Date thereof **7/10/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cent Ass'n**

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?.....

18. (a) Signature of **Harrison & Sweeney Und Co**

(b) Address **4415 Washington Blvd**

19. (a) **JUL 9 1942** (b) **J. F. Preseck**  
(Date received local registrar) (Registrar's signature)

While at work?.....  
(Specify type of place)

(c) Means of injury **3**

23. Signature **Alfred Perry** (M. D. or other)  
Address **St. Louis** Date signed **7/9/42**

**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 Guy W Wilkinson  
Licensed Embalmer No. 2575

P. O. Address.....

**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.**