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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28175

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1833

96
13
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2714 Tennyson Ave. 1
(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 Missouri (b) County 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL") 1

(d) Street No. 2714 Tennyson Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country ___

3. (a) PRINT FULL NAME DR. EDWARD J. HOGAN

3. (b) If veteran, name war ___

3. (c) Social Security No. Nil

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Laura V. Hogan

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 30, 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace ___ (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Physician

11. Industry or business ___

FATHER
12. Name Edward Hogan
13. Birthplace ___ (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Thompson
15. Birthplace ___ (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Frank Hogan
(b) Address 2729 Tamm

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) SEP - 1 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 42 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Aug. 31, 1942 that I last saw him alive on Aug. 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to Arteriosclerosis	
Due to Nephritis	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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) No

(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 ___

23. Signature Roy A. Walther (M. D. or other) MD

Address 2438 Woodson Rd. Date signed ___

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(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1942

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 Thomas Eymck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo.

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.