

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 1 1942
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9815

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent ³³

(c) City or town Salem
(If outside city or town limits, write "RURAL") ^{INR.}

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert John Hogan

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

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

6. (b) Name of husband or wife Sallie Hogan 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 11th 1882
(Month) (Day) (Year)

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

60 6 11 hr. _____ min.

9. Birthplace House Mills, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name George Hogan

13. Birthplace Willow Grove, W. Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Julia Waltham

15. Birthplace Willow Grove Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie Hogan
(b) Address 3915 North 20th St.

17. (a) Burial (b) Date thereof 11-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stone Hill, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 24 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21, year 1942 hour 10:18 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from November 2, 1942 to November 21, 1942; that I last saw h. im alive on November 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy Refused

Duration _____

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? _____

While at work _____ (Specify type of place) _____

(c) Means of injury _____

23. Signature Reese Coleman (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 11/23/42

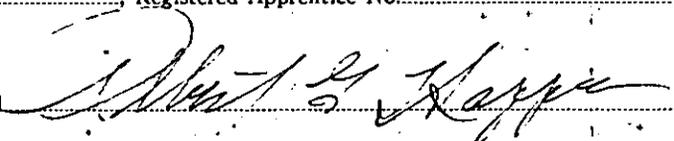
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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



Licensed Embalmer No.

2971

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.