

S. No. 2
4-13-40
S. 17-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

363

State File No. _____

FILED **JAN 1 1943**
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **567**

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 days**
In this community **33 yrs., 0 mos 20 das**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3017 Rauschenbach Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Rose E. Hogan**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Joseph Hogan** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Dec. 28, 1909**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	0	20	hr. _____ min.

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

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Grimler**

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

14. Maiden name **Caroline Bodeman**

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

16. (a) Informant **Catherine Stelfox**

(b) Address **3208 St Vincent**

17. (a) **burial** (b) Date thereof **1-21-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Goodhart & Goodhart**

(b) Address **2228 St. Louis Ave**

19. (a) **JAN 20 1943** (b) **J. F. Buddeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **18**
year **1943** hour **5** minute **15** A.M.

21. I hereby certify that I attended the deceased from **December 30, 1942** to **January 18, 1943**

that I last saw her alive on **January 17, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **arteriosclerosis + hypertension**

Due to **MI**
Other conditions **MI**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **Cerebral hemorrhage**

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)
(e) Means of injury _____

23. Signature **Arthur S. Miller** (M. D. or other) **MD**

Address **2202 University** Date signed **1-18-43**

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.....

Marie A. Cashion

Licensed Embalmer No.....

3949

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.