

S. No. 2  
M-5-43  
7-5-17-39  
P 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 27 1948**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9067  
State File No. ....  
Registrar's No. **2417**

Registration District No. .... Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **ST. LOUIS**  
(b) City or town  
(c) Name of hospital or institution:  
**4142 SHENANDOAH**  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **000**  
(c) City or town **ST. LOUIS**  
(d) Street No. **4142 SHENANDOAH**  
(e) Citizen of foreign country? (Yes or No) **0**

3. (a) PRINT FULL NAME **EMMA C. HOGGATT**  
(b) If veteran, name war **NO**  
(c) Social Security No. **NO**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **12** year **1944** hour **11** minute **55 P.**  
21. I hereby certify that I attended the deceased from **June 22** 19**43** to **March 12** 19**44**.  
that I last saw her alive on **March 12** 19**44** and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **John HOGGATT** 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **MAY 1 1868**  
(Month) (Day) (Year)

Immediate cause of death **Chronic myocarditis**  
**Senility**  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**75 10 12** 1 hr. min.

9. Birthplace **INDIANA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business  
12. Name **John SHRYOCK**  
13. Birthplace **INDIANA**  
14. Maiden name **SARAH UNKNOWN**  
15. Birthplace **INDIANA**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. R. W. Wilkinson**  
(b) Address **4142 Shenandoah Av**  
17. (a) **SKIPPED** (b) Date thereof **MARCH 14 44**  
(c) Place: burial or cremation **EVANSVILLE IND.**

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 funeral director **E. J. Schmur**  
(b) Address **3125 Lafayette St**  
19. (a) **MAR 12 1944** (Date local registration)  
**J. J. Brueck** (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
3. Signature **DeWey St John** (M. D. or other)  
Address **Metropolitan Bldg** Date signed **3/13/44**

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.....

*Joseph Vollmer*

Licensed Embalmer No. *4014*

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.**