

FILED MAY 25 1944
Registration District No. 018

Primary Registration District No. 1003

State File No.

Registrar's No. 4589

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:
4130 Shaw Ave. /
(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)

3. (a) PRINT FULL NAME Agnes Hogan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 27, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days 19 If less than one day
71 3 27 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name William Hogan
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Carroll
15. Birthplace USA /
(City, town, or county) (State or foreign country)

16. (a) Informant Teresa Hogan
(b) Address 4130 Shaw Ave.
17. (a) Burial (b) Date thereof 5/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) MAY 18 1944 (b) J. P. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 917
(d) Street No. 4130 Shaw Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1944 hour 6 minute 30P. M.

21. I hereby certify that I attended the deceased from Jan 1944 to May 16 1944
that I saw her alive on May 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) H&H

Major findings: Of operations.....
Of autopsy.....
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?
(Specify type of place) While at work?..... (e) Means of injury.....
23. Signature L. R. Sheridan (M. D. or other) P
Address 2607 So. Grand Date signed 5-17-44

Dr. Skurdan

2602 S. Grand

700

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

Wm. A. Stewart

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette S

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.