

#40959
FILED MAY 26 1945

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 31 days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Dent 33
(c) City or town..... Salem NR.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Alice Hogan

3. (b) If veteran, name war Nil
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Matt Hogan 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 27 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 11 16 hr. min.

9. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name W. M. Plank
13. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Plank
15. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Hogan
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 5-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

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

19. (a) MAY 16 1945 J. F. Bruders
(Date recorded by local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1945 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from 4/12/45
to 5/13/45
that I last saw her alive on 5/13/45
and that death occurred on the date and hour stated above.

Immediate cause of death
Mitral Stenosis
Due to Chronic Endocarditis
Due to Rheumatic Valv Disease
Other conditions
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature A. Hendin 5/14/45 other
Address 1515 Lafayette Date signed

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

100
17
9

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.....

Albert G. Koppa

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.