

S. No. 2
M-2-43
7-5-17-39
X35657

FILED OCT 10 1945
818

1007

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

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:
St. John's Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME..... **Stella Hogan**
 (b) If veteran, name war..... No.
 (c) Social Security No..... **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **9**
 year **1945** hour **9** minute **39** P.
 M.
 21. I hereby certify that I attended the deceased from **Oct 7** to **Oct 9** 19**45**

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

that I last saw him alive on **Oct 9** and that death occurred on the date and hour stated above.
 Immediate cause of death.....

7. Birth date of deceased..... **Oct. 1 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 0 8 hr. min.

Duration
Chronic Myocarditis
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... **Crawford Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

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

MOTHER FATHER

11. Industry or business.....
 12. Name..... **George Hogan**
 13. Birthplace..... **Missouri 0**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Artie Sellers**
 15. Birthplace..... **Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Lena Bell**
 (b) Address..... **1234 Clara Ave.**
 17. (a) **Burial** (b) Date thereof **10-12-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Boss, Mo.**
 18. (a) Signature of funeral director..... **Albert H. Hoppe**
 (b) Address..... **4700 Washington Blvd.**
OCT 10 1945
 19. (a) (Date received local registrar)..... (b) **J. F. Bradick**
(Registrar's signature)

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..... **J. F. Bradick** (M. D. or other).....
 Address..... **414 BAN. NEWSTRAE** Date..... **Oct 10 45**

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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.