

39
X36671
FILED FEB 18 1946

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(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)

3. (a) PRINT FULL NAME William R. Hogan3. (b) If veteran, name war None 3. (c) Social Security No.4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Alice Hogan 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased July 21, 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 6 14 hr. min.9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)10. Usual occupation Retired 3 yrs.11. Industry or business Soda Water Worker12. Name Daniel Hogan 4
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)14. Maiden name Mary Delargy
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Alice Hogan(b) Address 2226 Howard
Burial (b) Date thereof 2-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary
Southern Funeral Home18. (a) Signature of funeral director
(b) Address 6322 S. Grand Blvd.19. (a) FEB 4 1946 (b) J. F. Bieder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis 2071
(If outside city or town limits, write "RURAL")
 (d) Street No. 2226 Howard 9
(If rural, give location)
 (e) Citizen of foreign country?..... 0
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th
year 1946 hour 6 minute 30 a.m.21. I hereby certify that I attended the deceased from Nov 8
1945 to Feb 3 1946
that I last saw h. u alive on Feb 3 1946
and that death occurred on the date and hour stated above.Immediate cause of death general carcinoma 3 months
metastasis in glands 1 year
of neckDue to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations no
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 Wm B. Glamor (M. D. or other) D
Address University Club Bldg Date signed 2/4/46

DR. WM. P. GLENNON
UNIVERSITY CLUB BLDG
JE 5663 163

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.....

J. Wm. Binkley

Licensed Embalmer No.....

3653

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.