

FILED DEC 17 1946

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10318

1. PLACE OF DEATH:

(a) County..... St. Louis
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Alexian Brothers Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 3-days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dennis J. Hogan

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

4. Sex..... M. 5. Color or race..... W.
 6. (a) Single, widowed, married, divorced..... W.

6. (b) Name of husband or wife..... Agnes Hogan
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Aug. 5th., 1863
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>26</u>	hr. min.

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

10. Usual occupation..... Retired Carpenter
School Board

11. Industry or business.....

12. Name..... Dennis Hogan

13. Birthplace..... Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name..... Mary Delarge
 (City, town, or county) (State or foreign country)

15. Birthplace..... Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Father Robert F. Hogan

(b) Address..... Chaminade College

17. (a) Burial (b) Date thereof..... 12-4-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Cathary

18. (a) Signature of funeral director..... Arthur Bonnette
 (b) Address..... 3840 Lindell Blvd.

19. (a) DEC 3 1946 (b) J. P. Braddock
 (Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis
 (c) City or town..... Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No..... Chaminade College
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 1st.,
 year..... 1946 hour..... 4 minute..... P. M.

21. I hereby certify that I attended the deceased from Nov 27 to Dec 1, 1946
 that I last saw him alive on Nov 30, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Asphyxiation

Due to..... Arterio Sclerosis

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

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..... J. P. Braddock (M. D. or other)
 Address..... 607 W. Grand Date signed..... 12-1-46

2868
3840
Kindell

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kindell

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.