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K36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **42503**
Registrar's No. **10483**

Registration District No. _____

Primary Registration District No. _____

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:
4945 Wise 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 Mary Hogan

3. (b) If veteran, name war _____ 3. (c) Social Security 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: June 9th. 1897 ~~1898~~
(Month) (Day) (Year)

8. AGE: Years 49 ~~48~~ Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Musician

11. Industry or business: _____

12. Name: John Hogan

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

14. Maiden name: Margaret Feeherly

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

16. Informant: Mrs. Margaret Hogan
(a) Address: 4945 Wise Ave.

(b) Address: _____
17. (a) Burial (b) Date thereof: 12/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Sullivan Funeral Dir
(b) Address: 2849 North Euclid Ave.

19. (a) DEC 7 1946 (Date received local registrar) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4945 Wise Ave.
(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 6th.
year 1946 hour 11.20 minute _____ A.M.

21. I hereby certify that I attended the deceased from January 1945 to Dec. 6 1946
that I last saw her alive on Dec. 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Metastases from Carcinoma of uterus

Due to: Carcinoma

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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. Bredeek, M.D. (M. D. or other)
Address: 508 N. Grand Date signed: 12-6-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER: Margaret Hogan
FATHER: John Hogan
Sister: Caroline Hogan

Dr. William Vogt

Metropolitan Bldg.

3.00 P.M. Friday

Me-8512

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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 *Robert L. Brinkman*
Licensed Embalmer No. *3523*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. _____
Local Registrar's No. 10483

State of Missouri
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of December, 1946, before me appears

Margaret Hogan, who, upon her oath, states that the original record of her death
for Mary Hogan died December - 6 -, 1946, in the State of
Missouri, and which was filed at St. Louis on Dec - 7 -, 1946, should be corrected as follows:

Item No. 7 should read June - 9 - 1897

Instead of June - 9 - 1898

Item No. 8 should read 49 years - 5 months - 27 days

Instead of 48 years - 5 months - 27 days

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Margaret Hogan - Mother

Relationship.

4945 Wise Ave.

Present Address.

Subscribed and sworn to before me this 18 day of Dec, 1946

My Commission expires March 2 1949 J. S. Dulligan Notary Public.

42503