. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. Hist. 45809

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35854

Primary Registration District No. 1003

Registrar's No. 9422

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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis Avenue
(If outside city or town limits, write "RURAL")

(d) Street No. 7011 S. Grand Boulevard
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BESSIE 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 Married

6. (b) Name of husband or wife William J. Hogan

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 23 1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Oliver Koble
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna McKinley
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Hogan
(b) Address 7011 S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Mordell
(b) Address 1926 Allen Avenue

19. (a) OCT 12 1947 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th year 1947 hour 8:58 minute P M.

21. I hereby certify that I attended the deceased from 9-26-47 19 to 10-9-47 19; that I last saw her alive on 10-9-47 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage 3 days

Due to Hypertensive Encephalopathy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? Means of injury

23. Signature (M. D. or other)

Address 1515 Lafayette Date signed 10-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....Me..... Registered Apprentice No.....,

working under my personal supervision.

Signed Ben. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.