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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2628

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 813

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: DE PAUL HOSP. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 HOURS (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURY (b) County

(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")

(d) Street No. 2533 WEST HEBERT STR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ~~CORP~~ WILLIAM ELIAS HOAGLAND.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE O

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARIE HOAGLAND

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased MAY (Month) 14TH (Day) 1914 (Year)

8. AGE: Years 33 Months 8 Days 11 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) O

10. Usual occupation MET. POLICE OFFICER

11. Industry or business CITY OF ST. LOUIS

FATHER
12. Name ELIAS WILLIAM HOAGLAND
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) O

MOTHER
14. Maiden name MARY O'SHEA
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) O

16. (a) Informant M Hoagland
(b) Address 2533 W Hebert

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 28TH-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 Hogan St.

19. (a) JAN 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 25TH year 1948 hour 2.40 minute P. M.

21. I hereby certify that I attended the deceased from JULY, 1st 1947, 19, to JAN, 25, 1948 that I last saw him alive on DEC. 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 4 HRS

Due to VASCULAR HYPERTENSION — 1 YR.

Due to IDIOPATHIC

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:
(c) 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? (e) Means of injury O

23. Signature J. H. Cummings (M. D. or other)
Address 444 N. EUCLID Date signed 1/26/48

(Licensed Embalmer's Statement on Reverse Side)

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. Cadwell

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.