No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6504

Registrar's No. 1880

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 Christian Hospital O
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County o-a-o
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5022a Claxton Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 7 0
If yes, name country

3. (a) PRINT FULL NAME JOHANNA HOGAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 17th 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 5 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) O
10. Usual occupation
11. Industry or business Housework
FATHER
12. Name David Hogan
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Phelan
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Timothy J. Hogan- nephew.
(b) Address 5022a Claxton Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Brothers.
(b) Address 2849 North Euclid Ave.
19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bruecat (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd year 1948 hour 7:00 minute P.M.
21. I hereby certify that I attended the deceased from Feb 15th 1948 to Feb 22nd 1948 that I last saw he alive on Feb 22nd 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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) O
While at work? (e) Means of injury

23. Signature Emmy Rose (M. D. or other) M.D.
Address 1918 East Grand Date signed 2/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. E. Ross
1918 E. Grand
Ce 4111
9-10 to 1-3 Ques

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. 3553

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.

No. 2B
M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1880

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Johanna Hogan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 17 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months Days If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) J. F. Bredick (Registrar's signature)
MAR 6 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 2 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

1948
5-6504

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