No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17660

FILED MAY 20 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4391

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours (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 (If outside city or town limits, write "RURAL")

(d) Street No. 5637 Kennerly Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELEANOR (GRAHAM) HOGAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Dr. G.W. Hogan

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

7. Birth date of deceased April (Month) 13 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
62	0	26	hr. min.

9. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Graham

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

14. Maiden name Alvina Bissell

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

16. (a) Informant Graham W. Hogan

(b) Address 5637 Kennerly Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/48 (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, N.Y.

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 No. Kingshighway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 15, 1948, 19.., to May 9th, 19.48, that I last saw h.. alive on May 9, 19.48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Coronary Sclerosis	
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? (Specify type of place) (e) Means of injury

23. Signature J.B. Farrar (M. D. or other) MD

Address Humboldt Bldg. Date signed 5/10/48

Jefferson City Printing Co.

(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 John S. Dennek

Licensed Embalmer No. 4194

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.