FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1948

Registration District No. 318 Primary Registration District No. 1003

State File No. 27703
Registrar's No. 7506

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

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 JEWISH HOSPITAL
(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 600

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1650 So. SPRING AVE 9
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 17 0

If yes, name country

3. (a) PRINT FULL NAME GERTRUDE FOX

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased JUNE (Month) 21 (Day) 1890 (Year)

8. AGE: Years 58 Months 2 Days 5 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name ROBERT HOGAN
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

MOTHER
14. Maiden name HANNORA HOGAN
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0

16. (a) Informant JANE H. ROEDER
(b) Address 1650 So. SPRING

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 28-48 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director Pet Funeral Home
(b) Address 3077 AUG 27 1948 Lafayette

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1948 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from July 20, 1948, to Aug 26, 1948, that I last saw her alive on Aug 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of Liver	3 yrs.
Due to —	
Due to —	
Other conditions Ascites, Terminal Toxemia (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? (e) Means of injury

23. Signature Paul K. Webb (M. D. or other) MD
Address 721 Olive St. Date signed 8-27-48

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.