

FILED OCT 23 1948

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8936**

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3817 OLIVE ST. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 2 Months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JEFFERSON **50**  
(c) City or town De Soto **2**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. 118 So. MAIN ST.  
NR (If rural, give location) **1**  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Della Ann Hogan

3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife W. L. Hogan  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased Nov 27 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 10 18 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Bohannon

13. Birthplace UNKNOWN Mo. O  
(City, town, or county) (State or foreign country)

14. Maiden name MARtha ANN GRAVES

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

16. (a) Informant Lucille Montgomery

(b) Address 1618 So Third St. St Louis Mo.

17. (a) BURIAL (b) Date thereof OCT. 17 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLARENCE Mo.

18. (a) Signature of funeral director J. Lee Matherhead

(b) Address De Soto, Mo.

19. (a) OCT 15 1948 (b) J. B. Laster  
(Date received local Registrar's Report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 15  
year 1948 hour 2 minute 08 A.M.

21. I hereby certify that I attended the deceased from 9/20/48, 19\_\_\_\_, to 10/14/48, 19\_\_\_\_;  
that I last saw her alive on 10/14/48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach **5 months**  
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? \_\_\_\_\_

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

23. Signature C. C. Drace (M. D. or other) **MD**

Address 3702 Gravoia Date signed 10/15/48

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

MOTHER, FATHER

**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.....

Andrew H. England....., Registered Apprentice No. 232  
working under my personal supervision.

Signed J. Lee Mathushead.....

Licensed Embalmer No. 3531

P. O. Address De Soto, Mo.

**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.**