. S. No. 2
M—1/47
v. 5-17-39

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

38972

State File No.

FILED DEC 4 1948

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 2553

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether

In this community 54 years
years, months or days)

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. 1901 Marcus Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HOGAN, James J.

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice G.

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April (Month) 28 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	6	5	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

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

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

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Fu. Home

(b) Address 2849 N. Euclid St. Louis, Mo.

19. (a) 11-3-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1948 hour 3:25 minute a. M.

21. I hereby certify that I attended the deceased from October 24, 1948 to November 3, 1948; that I last saw him alive on November 3, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE

Duration Unk.

xxxx Contributory cause: PNEUMONIA, LOBAR, LEFT LUNG

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No Autopsy performed

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) None

(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 [signature] Emmett D. Wallin, M.D. [illegible]

Address VAH, Jeff. Brks. Mo. Date signed 11/3/48

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 Robert L. Rinkman

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.