

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13846

No. 300

10-48

#82917

State File No. ....

3381

|   |  |  |                          |  |  |   |  |                                  |  |
|---|--|--|--------------------------|--|--|---|--|----------------------------------|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <b>318</b>  |                          | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. ....  |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |                          | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b> b. COUNTY <b>St. L</b>  |  |   |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>  |  | c. LENGTH OF STAY (in this place) <b>(1)</b>   |                          | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>   |  | 17  |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>   |  |  |                          | d. STREET ADDRESS (If rural, give location) <b>819 1/2 MARKET ST</b>   |  |   |  |                                  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>FRANK</b>  |  |  | b. (Middle) <b>HOGAN</b> |  |  | c. (Last) <b>HOGAN</b>  |  |                                  |  |
| 4. DATE OF DEATH <b>April 13, 1949</b>  |  | 5. SEX <b>MALE</b>   |                          | 6. COLOR OR RACE <b>WHITE</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>  |  |                                  |  |
| 8. DATE OF BIRTH <b>APRIL 8 - 1863</b>  |  | 9. AGE (In years last birthday) <b>86</b>  |                          | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NEWS VENDOR</b>  |  | 11. BIRTHPLACE (State or foreign country) <b>LOUISIANA</b>  |  |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NEWS VENDOR</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |                          | 12. CITIZEN OF WHAT COUNTRY?   |  | 13. FATHER'S NAME <b>UNKNOWN</b>  |  |                                  |  |
| 13a. FATHER'S NAME <b>UNKNOWN</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>   |                          | 14. NAME OF HUSBAND OR WIFE  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>  |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>  |  | 16. SOCIAL SECURITY NO.  |                          | 17. INFORMANT'S SIGNATURE OR NAME <b>Maryaret Kelly</b>  |  | ADDRESS <b>2331 Mullamphy</b>   |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  |  |                          | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>107</b><br>DUE TO (c) <b>491K</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio sclerotic heart disease</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |                          | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |                          | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                          | 21f. HOW DID INJURY OCCUR?   |  | 22. I hereby certify that I attended the deceased from <b>3/7/49</b> , 19 <b>49</b> , to <b>4/13/49</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>4/13/49</b> , 19 <b>49</b> , and that death occurred at <b>9:53am</b> m., from the causes and on the date stated above. |  |                                  |  |
| 23a. SIGNATURE <b>E. J. Geburda</b>   |  | (Degree or title) <b>M.D.</b>  |                          | 23b. ADDRESS <b>1515 Lafayette Ave.,</b>   |  | 23c. DATE SIGNED <b>4/14/49</b>   |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |  | 24b. DATE <b>4-16-49</b>   |                          | 24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>  |  |                                  |  |
| DATE REC'D BY LOCAL REG. <b>APR 15 1949</b>   |  | REGISTRAR'S SIGNATURE <b>J. B. Fassett</b>   |                          | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Miller-Kelly</b>   |  | ADDRESS <b>4386 Lindell</b>   |  |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

25

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.