

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15249

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1181

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>0360</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Richmond Heights</u> c. LENGTH OF STAY (in this place) <u>6 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PORT HUDSON</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. John</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Brogan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 6 1950</u>
--	-----------------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Feb 12 1906</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	Hours	Min.
--------------------	---------------------------	--	-------------------------------------	---	------------------------	---------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Priest</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ministry</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>John L. Brogan Jr</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth O'Rourke</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Loose</u>	ADDRESS <u>630 Alabama St Louis Mo.</u>
---	-------------------------	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6/6/50</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spontaneous Subarachnoid Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	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)	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 6/6 1950, to 6/6, 1950, that I last saw the deceased alive on 6/6, 1950, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Martin L. Moore, M.D.</u>	23b. ADDRESS <u>6376 Clayton Road</u>	23c. DATE SIGNED <u>6/8/50</u>
---	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5-8-50</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob P. Keadler Jr.</u>	ADDRESS <u>7128 Michigan</u>
--	--	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed: _____

J. Allen Ray
Licensed Embalmer No. *4053*
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.