

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

State File No. \_\_\_\_\_  
Registrar's No. **6712**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY <b>DE. PAUL, HOSPITAL - ST. LOUIS, MO</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> COUNTY <b>ST. LOUIS, MO</b> <b>5241, NORTHLAND ST. LOUIS, MO</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>6</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>206</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE. PAUL, HOSPITAL ST. LOUIS, MO</b>			d. STREET ADDRESS (If rural, give location) <b>ST. LOUIS, MO</b>		
3. NAME OF DECEASED (Type or Print) <b>AGNES</b>		a. (First)	b. (Middle)	c. (Last) <b>HOGAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 5, 1950</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 23, 1899</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>IRELAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>
13a. FATHER'S NAME <b>MICHAEL GEOGHEGAN</b>		13b. MOTHER'S MAIDEN NAME <b>HONORA BURNS</b>		14. NAME OF HUSBAND OR WIFE <b>BERNARD HOGAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BERNARD HOGAN, 5241 Northland</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral haemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>3 yrs +</b> <b>?</b> <b>?</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>BB/X</b>		
22. I hereby certify that I attended the deceased from <b>Aug 1</b> , 19 <b>50</b> , to <b>Aug 5</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Aug 5</b> , 19 <b>50</b> , and that death occurred at <b>5 p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>R. Emmert Lane M.D.</b> (Degree or title)			23b. ADDRESS <b>1117 N Grand</b>		23c. DATE SIGNED <b>Aug 7/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL (?)</b>		24b. DATE <b>8/8/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>	
DATE REC'D BY LOCAL REG. <b>AUG 7 1950</b>		REGISTRAR'S SIGNATURE <b>J B Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SULLIVAN FUNERAL DIR, 2849 N EUCLID.</b>	

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

OCT 23 1950

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.

Signed.....  
Student Embalmer

Signed *[Signature]* Student Embalmer No. ....

Licensed Embalmer No. *4329*

P. O. Address *[Signature]*

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.