

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

6218

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

FILED MAR 2 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or ST. Louis		c. LENGTH OF STAY (in this place) <u>23</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2239</u> OR TOWN <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2333 Geyer Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>2333 Geyer Ave.</u>				
3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>HOGUE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May, 29, 1894</u>		
9. AGE (In years (last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Steelville, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Frank Hogue</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Nail</u>		14. NAME OF HUSBAND OR WIFE <u>Lavada Hogue</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lavada Hogue</u> ADDRESS <u>2333 Geyer Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hemorrhage Encephalitis</u> DUE TO (c) <u>Cerebral Sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>5 yrs</u> <u>7 yrs</u> <u>8 yrs</u>	
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) _____		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.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3457</u>				
22. I hereby certify that I attended the deceased from <u>Nov 4, 1947</u> to <u>Feb 16, 1951</u> , that I last saw the deceased alive on <u>Feb 16, 1951</u> and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>1452 So. Compton &amp; Levee</u>		23c. DATE SIGNED <u>Feb 17, 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/19/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>FEB 18 1951</u>		REGISTRAR'S SIGNATURE <u>J. P. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHULICK UND. CO.</u> ADDRESS <u>1722 S. Jefferson</u>				

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.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Alex. A. Chulick Jr.*

Licensed Embalmer No. *4143*

P. O. Address *1722 S. Jefferson*

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.