

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10032**  
**2989**  
Registrar's No. ....

FILED APR 9 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b><br>b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |                                  | c. LENGTH OF STAY (in this place)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Peoples Hospital</b>   |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b><br>2. STREET ADDRESS<br><b>2808 Thomas, St</b>  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Susie</b><br>b. (Middle)<br>c. (Last) <b>Hogier</b>  |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Mar. 25, 1951</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>Dec. 22, 1882</b> |
| 9. AGE (In years last birthday) <b>68</b>  |                                  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>laborer</b>  | 10b. KIND OF BUSINESS OR INDUSTRY        |
| 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Mo</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13a. FATHER'S NAME<br><b>Alonso Cook</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Annie ?</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  |  |
| 16. SOCIAL SECURITY NO.  |                                  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Annie Cook</b><br>ADDRESS<br><b>2808 Thomas</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>         |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>15 days</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) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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<br><b>Hit by car</b>   |                                  |  |  |
| 22. I hereby certify that I attended the deceased from <b>3-20-1951</b> to <b>3-25-1951</b> , that I last saw the deceased alive on <b>3-25-1951</b> , and that death occurred at <b>6:25 PM</b> from the causes and on the date stated above. |                                  |  |  |
| 23a. SIGNATURE<br><b>J. E. Hale, M.D.</b><br>(Degree or title)   |                                  | 23b. ADDRESS<br><b>821 N. Jefferson</b>  |  |
| 23c. DATE SIGNED<br><b>3/27/51</b>   |                                  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>Mar 31, 1951</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>APR 30 1951</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>J. B. Baxter</b>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>English Und.-Co</b>   |                                  | ADDRESS<br><b>2931 Lucas Ave</b>   |  |

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 Embalmer No. ....

Signed, Bueson English

Signed.....  
Student Embalmer

Licensed Embalmer No. 4208

P. O. Address. 2931 Lucas Ave

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.