

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22895**
Registrar's No. **5465**

FILED JUN 20 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital		e. STREET ADDRESS (If rural, give location) 3868 DeTonty Avenue., 2179	
3. NAME OF DECEASED (Type or Print) a. (First) Teresa b. (Middle) M. c. (Last) Hogan		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov 28 1894
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Hogan	
13b. MOTHER'S MAIDEN NAME Mary Carroll		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Joseph Hogan, 3869 DeTonty Ave..		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma sigmoid colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized carcinomatosis 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 153X		22. I hereby certify that I attended the deceased from Jan , 1953, to May 29, 1953 , that I last saw the deceased alive on May 29, 1953 , and that death occurred at 9:55 AM. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) L. R. Sheridan, M.D.		23b. ADDRESS #16 Hampton Village Plaza	
23c. DATE SIGNED 5-30-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-1-53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Cash Smith		ADDRESS	

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.....
Signature of Student Embalmer

Signed.....
J. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address *M. Lovin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.