THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29104

FILED AUG 19 1953

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL-MERAMEC
c. LENGTH OF STAY (In this place) 1 yr. 8 mo 3 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPHS HILL INF.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179
d. STREET ADDRESS (If rural, give location) 3868 DE-TONTY

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) STEPHEN c. (Last) HOGAN

4. DATE OF DEATH (Month) (Day) (Year) AUG. 2 1953

5. SEX MO
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 12/28/1875
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 7 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADJUSTER-INSPECTOR
10b. KIND OF BUSINESS OR INDUSTRY INSURANCE
11. BIRTHPLACE (State or foreign country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WM. HOGAN
13b. MOTHER'S MAIDEN NAME MARY CARROLL
14. NAME OF HUSBAND OR WIFE Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Bro Paschal, Eureka ADDRESS Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALISED ARTERIO-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SCLEROSIS-CARDIO-
DUE TO (c) VASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETIS-SENILITY

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/29, 1951, *to* 8/11, 1953, *that I last saw the deceased alive on* AUG 1, 1953, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J.C. Marden MD
23b. ADDRESS 4323 ROLAND BLVD.
23c. DATE SIGNED 8/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-5-53
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. Aug 8/1953
REGISTRAR'S SIGNATURE Ruth Jirsa 438 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 12 1953

AUG 2

AUG 27

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 John S. Denne

Licensed Embalmer No. 4194

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.