

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

20655

State File No. 4661

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4661

1. PLACE OF DEATH a. COUNTY Missouri b. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) 70 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION 2912 Bailey Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN St. Louis d. In residence within limits of a city or incorporated town? Yes  No

3. NAME OF DECEASED a. (First) JAMES b. (Middle) HARVEY c. (Last) HOGAN 4. DATE OF DEATH (Month) (Day) (Year) May 24, 1954.

5. SEX Male e. STREET ADDRESS 10 f. ADDRESS 2912 Bailey Ave. 6. COLOR OR RACE White 7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 13, 1877. 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian 10b. KIND OF BUSINESS OR INDUSTRY Funeral Home 11. BIRTHPLACE (City and State or Foreign Country) Caseyville, Illinois. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Bertha M. Hogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 493-07-8198 17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha M. Hogan, 2912 Bailey 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Vremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia DUE TO (c) Cancer of prostate bladder. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-13-54 19b. MAJOR FINDINGS OF OPERATION Cancer of bladder & prostate hyperplasia 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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 181X

22. I hereby certify that I attended the deceased from 2-22-1954, to 2-24-1954, that I last saw the deceased alive on 5-22, 1954, and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE Andy Hall, Jr., M.D. (Degree or title) 23b. ADDRESS University Club Bldg. - St. Louis 23c. DATE SIGNED 5-24-54.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5/26/54. 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. MAY 25 1954 REGISTRAR'S SIGNATURE J. Earl Smith, Inc. 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 *John A. Miller*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis*

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.