

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24680

State File No. _____
Registrar's No. **6618**

BIRTH NO. _____ 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 Illinois b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Venice	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hosp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 2 da		e. STREET ADDRESS (If rural, give location) 221 Kerr St. 8128	

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Ray c. (Last) HOGAN			4. DATE OF DEATH (Month) (Day) (Year) 7-17-54		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 11-18-53		9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Granite City, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Earl J. Hogan		13b. MOTHER'S MAIDEN NAME Dorothy Brandis		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME J. Johnston ADDRESS 500 S. Kings Highway	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN DEATH AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) heat prostration					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS bronchopneumonia thrombocytopenia					
		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"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9319	
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22. I hereby certify that I attended the deceased from **7-16**, 19**54**, to **7-17**, 19**54**, that I last saw the deceased alive on **7-17**, 19**54**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above. **46**

23a. SIGNATURE J. Johnston (Degree or title) MD		23b. ADDRESS 500 S Kings Highway		23c. DATE SIGNED 7/17/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/17/54		24c. NAME OF CEMETERY OR CREMATORY Granite City		24d. LOCATION (City, town, or county) (State) Madison Ill	
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DATE REC'D BY LOCAL REG. JUL 19 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Henry Siepe ADDRESS Granite City Ill.	
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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 *Paul A. Wackter*.....

Licensed Embalmer No. *478*.....

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.