

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 28358BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 1813

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. CITY OR TOWN <u>RICHMOND HTS 49</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>8002 Harter Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>James</u> c. (Last) <u>Hogue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 1 - 55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 20, 1887</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed - UNK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none - UNK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hooker, Georgia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>					

13a. FATHER'S NAME <u>Alex Hogue</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Sutton</u>		14. NAME OF HUSBAND OR WIFE <u>Magnolia Hogue</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-03-7762</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Magnolia Hogue, 8002 Harter Ave.</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Dissecting aortic aneurysm</u>			
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 <u>331x</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-28, 1955, to 8-1, 1955, that I last saw the deceased alive on 8-1, 1955, and that death occurred at 12:25pm., from the causes and on the date stated above.

23a. SIGNATURE <u>G. E. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>8/2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/5/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates, 4707 Finney Ave.</u>			
DATE REC'D BY LOCAL REG. <u>8/4/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, M.D.</u>		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 Arthur L. Heilbrunn

Licensed Embalmer No. 4221

P. O. Address 4107 Finne

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.