

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42186

State File No.

318

1003

Registrar's No. 10815

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10815			
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 town) ST. LOUIS				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 7 4331 DARBY AVE? 2079					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) J.		c. (Last) HOGAN		4. DATE OF DEATH (Month) (Day) (Year) DEC. 8, 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 23, 1898		9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICER		10b. KIND OF BUSINESS OR INDUSTRY MET. POLICE		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.		0	
13a. FATHER'S NAME THOMAS HOGAN			13b. MOTHER'S MAIDEN NAME MARTHA CONOY			14. NAME OF HUSBAND OR WIFE ANNA B. HOGAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS BRIDGET HOGAN 4331 DARBY					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic Pneumonia; Septicemia Calvarium Fracture of Left Leg, following injuries suffered when struck by auto operated by one of signs 2. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death. 3. INTERVAL BETWEEN ONSET AND DEATH							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION about 526 gm., Nov 25 1955 Menses and Lachide Ave, St. Louis Mo 8124							
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accidental		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 8124		21d. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 25 66 5:30 p.m.		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR? 25					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Patrick L. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12.10.55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 12, 1955		24c. NAME OF CEMETERY OR CREMATORY OMALLEY CEMETERY		24d. LOCATION (City, town, or county) (State) BLOOMING ROSE MISSOURI			
DATE REC'D BY LOCAL REG. DEC 10 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *M. W. Ruter*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.