

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25024

State File No.

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6372

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | 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) | | e. STREET ADDRESS (If rural, give location) <u>6611 Lindenwood Ave. 202nd fl</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarinate Word Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PATRICK</u> | b. (Middle) <u>T.</u> | c. (Last) <u>HOGAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1956</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 18, 1882</u> |
| 9. AGE (In years last birthday) <u>73</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Superintendent - Musbeck Shoe Co.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Co.</u> |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Thomas Hogan</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Jeffers</u> | 14. NAME OF HUSBAND OR WIFE <u>Nora G. Hogan</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | 16. SOCIAL SECURITY NO. <u>Span-Amer War 404-01-7626</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard Hogan 6611 Lindenwood</u> |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> | ANTECEDENT CAUSES | | |
| * This does not mean the mode of dying, such as heart failure, asthma, 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) <u>Fracture Hip (Left)</u> | | |
| | DUE TO (c) <u>Fall at Home</u> | | |
| | OTHER SIGNIFICANT CONDITIONS | | 9000 21 |
| | Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION <u>7-3</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Fracture surgical neck femur.</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. MO</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-29 56 P.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Missed step at home</u> |

22. I hereby certify that I attended the deceased from 7-2, 1956, to 7-5, 1956, that I last saw the deceased alive on 7-5, 1956 and that death occurred at 10:00 A.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>PB Cappel MD</u> | 23b. ADDRESS <u>3284-Boulvard one</u> | 23c. DATE SIGNED <u>7-6-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>July 9, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S.Kingshighway Bl.</u> | |
| DATE REC'D BY LOCAL REG. <u>JUL 6 1956</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u> | |

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 *William B. White*

Licensed Embalmer No. *4281*

P. O. Address *4228 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.