

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 46818
 Registrar's No. 3185

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3185

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) - a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Normandy</u>	c. LENGTH OF STAY (In this place) <u>16 hrs</u>	c. CITY OR TOWN <u>St. Louis 15</u>	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 <u>43 Normandy Osteopathic Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>101 S 4415 Margaretta</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kevin</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Hogan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 13 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec 13, 1957</u>
9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR Months <u>16</u> Days <u>10</u>	IF UNDER 24 HRS. Hour <u>16</u> Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY (None)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BABY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NORMANDY, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Virginia Hogan</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Ann Hogan</u>		ADDRESS <u>(as above)</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
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.		DUE TO (b) <u>Intrauterine Anoxia</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Proapsed cord + Maternal anemia</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Atelectasis both lungs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>		<u>7600</u>	
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 <u>12-13, 1957</u> , to <u>12-13, 1957</u> , that I last saw the deceased alive on <u>12-13, 1957</u> and that death occurred at <u>8:05 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Marjorie Richardson D.O.</u>		23b. ADDRESS <u>2335 Brown Rd</u>	
23c. DATE SIGNED <u>12-13-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>12/16/57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-16-57</u>		REGISTRAR'S SIGNATURE <u>Robert R. Donohue</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4601

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

not embalmed