

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011772  
STATE FILE NUMBER  
2978  
Registrar's No.

FILED MAR 20 1958

Registration District No. 318 Primary Registration District No. 1003

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2190 2620 Market	
3. NAME OF DECEASED (Type or print) First Middle Last John Hogans		4. DATE OF DEATH Month Day Year 3 11 58	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 9, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
11. BIRTHPLACE (City and state or country) Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Anna Frey	14. NAME OF HUSBAND OR WIFE Mary Lee Hogans
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.#1		16. SOCIAL SECURITY NO. —	17. INFORMANT Mary Lee Hogans 2620 Market
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Pulmonary edema. DUE TO (b) _____ DUE TO (c) _____ 522x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration Diarrhea of unknown origin.			INTERVAL BETWEEN ONSET AND DEATH UNDET.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-7-58 to 3-11-58 and last saw him alive on 3-11-58 Death occurred at 3:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Sydney Fraser Sydney G. Mason, M.D.		22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 3-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Mar 17/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town or county) (State) St. Louis Co, MO
24. FUNERAL DIRECTOR F. A. Green 4214 Delmar		25. DATE RECD. BY LOCAL REG. MAR 14 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. J.P.

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

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 *J. A. Green* .....

Licensed Embalmer No. *2963* .....

P. O. Address *4214 Delman* .....

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.