N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8143

File No. 2516

Registered No.

Registration District No. 791

Primary Registration District No. 1053

1. PLACE OF DEATH

County

Township

City St. Louis (No. Alexian Brothers Hospital St. Ward)

2. FULL NAME James J. Hogerty

(a) Residence. No. 3623 Cook ave St. 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10-1863

7. AGE: Years 67 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Private Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 184

(c) Name of employer: Vandeventer Place Co

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Thomas Hogerty

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Mary Noon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ireland
(STATE OR COUNTRY)

14. INFORMANT: Mary J. Hogerty
(Address) 3623 Cook ave

15. FILED 25 1931, 19 Mary V. Harley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23rd 1931

17. I HEREBY CERTIFY That I attended deceased from Feb 23 1931, to Feb 23 1931, 19..., that I last saw him alive on Feb 23 1931, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* WAS AS FOLLOWS:

Ch Myocarditis

Ch Hypertension

Ch D

Ag

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Senile Senility

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) E. T. Bruecke M.D.

Feb 26, 1931 (Address) Union Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery | DATE OF BURIAL: Feb. 26 1931

20. UNDERTAKER: Cullinane Bros | ADDRESS: 1702 Franklin

University Club Bldg
1 [illegible]