

ED AUG 25 1940 791
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Joseph H. Brogan, Brogan

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 30th, 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 22 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation State Senator

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Brogan,
(b) Address 1916 Warren Street.

17. (a) Burial (b) Date thereof 7-24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Henry Leidner & Co
(b) Address 2223 St. Louis Ave.,

19. (a) 441-23-1840 (b) J. F. Bredenk
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1916 Warren Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1940 hour 12 minute 35 a.m.

21. I hereby certify that I attended the deceased from June 14, 1940, to July 22, 1940
that I last saw him alive on July 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
rectum (malignant) 1 yr
Due to Neglect of hemorrhoids
Due to Constipation

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Adenom. carcinoma
Of operations rectum - prostate & bladder
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Roumer Lane (M. D. or other)
Address 1117 N. Grand Date signed July 23/40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John P. Buchholz
Licensed Embalmer No. 1674 J
P. O. Address 2223 St. Louis Ave

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 this body is not embalmed, above space should be left blank.