

No. 2
12-45
17-39
X47070

FILED OCT 16 1946
318

State File No. _____
Registrar's No. 8509

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXIAN BROS. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County and
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL") 1617
(d) Street No. 3888 HUMPHRY
(If rural, give location) 90
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TIMOTHY J. GROGAN
3. (b) If veteran, name war _____ 3. (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 NELLIE M. GROGAN 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased NOV. 6 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 25 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Detective

11. Industry or business Sergeant Police Dept.

MOTHER FATHER

12. Name MICHAEL A. GROGAN

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name HELEN SHEAHAN

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Grogan

(b) Address 3888 Humphry

17. (a) BURIAL (b) Date there Oct. 4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) OCT 3 1946 (b) J. F. Bredbeck
(Date received local office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-1 day
year 1946 hour 11 minute 9 A.M.
21. I hereby certify that I attended the deceased from
9-16 1946 to 10-1 1946
that I last saw h alive on 9-30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion & Cardiac Rupture
Due to Atherosclerosis
Duration 10/1/46
1943

Other conditions Bronchectasis
(Include pregnancy within 3 months of death)
Major findings: 93
Of operations _____
Of autopsy as above

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? 1

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature S. A. Hooper (M. D. or other) MD
Address 5600 S Compton Date signed 10/2/46

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

OCT 30 1946

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

Joseph Ballman

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette ave #8*

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, fact should be so stated above.