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

Do not use this space.

22176

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6354

City St. Louis Mo. (No. St. John's Hospital St. ..... Ward)

2. FULL NAME Thomas Hodgins

(a) Residence. No. 4438 Penrose St., Ward 10 (If nonresident give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 30, 1893

7. AGE: Years 35 | Months 2 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): ——
(c) Name of employer: ——

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

PARENTS

10. NAME OF FATHER: Samuel Hodgins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.
12. MAIDEN NAME OF MOTHER: Jane Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

14. INFORMANT: Mrs. Hulda Hodgins
(Address) 4438 Penrose St.

15. FILED JAN 15 1923 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to June 13, 1928, that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 5:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
meningitis Staphylococcus
(due to infected sinus)
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) sinusitis acute
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ——
DID AN OPERATION PRECEDE DEATH? yes. DATE OF June 12 - 1928
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? operation decompression

(Signed) Wm. P. Glennon, M.D.
June 14, 1928 (Address) University 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: Bellefontaine Cemetery
DATE OF BURIAL: June 16, 1928

20. UNDERTAKER: J. J. Quinn
ADDRESS: 1000 N. Grand Blvd.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.