

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

Do not use this space.

27826

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township Deaconess Hosp Primary Registration District No. \_\_\_\_\_  
City St. Louis, Mo (No. Deaconess Hosp)

File No. \_\_\_\_\_  
Registered No. 7657  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Unnamed Sgt. Hodges  
(a) Residence No. \_\_\_\_\_ St. 4 Ward St. Louis Mo  
(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 Female 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/20/35  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 2

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. 1  
(STATE OR COUNTRY)

10. NAME OF FATHER Amos Cornelius Hodges  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kirkwood Mo.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Virginia Marie Clover  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas County Mo.  
(STATE OR COUNTRY)

14. INFORMANT Amos C. Hodges  
(Address) 334 West Esplanade Kirkwood Mo

15. FILED AUG 23 1935 Max C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/20 1932  
17. I HEREBY CERTIFY, That I attended deceased from 8/20, 1932 to 8/20, 1932, and that I last saw h&y alive on 8/20, 1932, and that death occurred, on the date stated above, at 6:05 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Remission 5 1/2 mo.  
Placenta previa  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159  
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) E. B. Waters M. D.  
, 19 \_\_\_\_\_ (Address) Kirkwood Mo

\*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 Assigned as Specimen DATE OF BURIAL 8-20-1934

20. UNDERTAKER to Deaconess Hosp. ADDRESS \_\_\_\_\_

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.

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