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.

NOV 10 1933

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

Do not use this space.

31830

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 8573

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 4287, Olive St. St. ..... Ward)

2. FULL NAME Lua Lamar Hodo

(a) Residence, No. 4287 Olive St. St., 19 Ward. (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~~ Bertha Hodo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1876

7. AGE: YEARS 57 | MONTHS 0 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dean Rubber Co.
10. Date deceased last worked at this occupation (month and year) Sept. 1933
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

FATHER

13. NAME William Hodo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER

15. MAIDEN NAME Sarah Trotter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Bertha Hodo 4287 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cem. DATE Oct. 3, 1933

19. UNDERTAKER (ADDRESS) Diehmann Hanal 1905 Union Blvd.

20. FILED OCT -2 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Past two years, 19 ..., to Sept 28, 1933

I last saw him alive on Sept 24, 1933. Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Chronic
Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Alonzo G. Hobb, M. D.

(Address) 4064 Olive St

Dr Hobbs
4061 Olive
10-11