

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.

JUN 28 1935

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

Do not use this space.

789

20932

1. PLACE OF DEATH

County St. Louis

Registration District No.

Township Central

Primary Registration District No. 6033

City

(No. 9009 St. Charles Rock Road St. Ward)

File No.

Registered No. 151

2. FULL NAME Angela Hodge

(a) Residence, No. 9009 St. Charles Rock Road Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jesse Hodge</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29, 1907</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>27</u>	<u>7</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>At Home</u>	
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April - 18, 1935, to June - 2, 1935

I last saw her alive on June 2, 1935 Death is said to have occurred on the date stated above, at 11:30 PM

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

Other contributory causes of importance:
Chronic nephritis
Mitral Heart lesion

Date of onset 6-23-35

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12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME Charles Dolejsi

14. BIRTHPLACE (CITY OR TOWN) Checo Slavacia
(STATE OR COUNTRY)

15. MAIDEN NAME Theresa Aroucher

16. BIRTHPLACE (CITY OR TOWN) Checo Slavacia
(STATE OR COUNTRY)

17. INFORMANT Jesse Hodge
(ADDRESS) 9009 St. Charles Rock Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE June 5, 1935

19. UNDERTAKER A. H. McLaughlin
(ADDRESS) 3301 Lafayette

20. FILED 6-3-35 J. A. Bachner
Registrar.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Ray A. Walther, M. D.

(Address) Overland, Mo.

