NOV 9 1935

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

791 10 584

Do not use this space.

33990

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8406

City St. Louis, (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Infant Hodge

(a) Residence, No. ..... St. NR Ward. Herculaneum, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6. 1935.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	--	--	--	7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None/

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME George W. Hodge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

MOTHER

15. MAIDEN NAME Grace B. Yackle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Geo. W. Hodge
(ADDRESS) Herculaneum, Mo.

18. BURIAL, CREMATION, OR REMOVAL
St. PLACE Mathews Cemetery DATE Oct. 7, 1935.

19. UNDERTAKER J. H. Gebhart Pr H Co.
(ADDRESS) 2842 Meramec St.

20. FILED OCT 7 1935 19 J. F. Bradley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6 .1935

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1935, to 10-6 35, 19.... I last saw her alive on 10-6, 1935 Death is said to have occurred on the date stated above, at 1:30 P.m.

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

Premature birth
7 months

Other contributory causes of importance:

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? ..... 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? .....
If so, specify .....

(Signed) W. J. Cullinan, M. D.
(Address) 1600 N. Broadway

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.

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

MARGIN RESERVED FOR BINDING

V. S. NO. 2
100M-3-23-35