

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.

JAN 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Enroute to Hosp # 2**) St. Ward)

43331
File No.
Registered No. **12892**

2. FULL NAME

Samuel Hodges.
(a) Residence, No. **Unknown**, St., **Y** Ward.
(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 **Male** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Unknown**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **abt. 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **abt 50**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Unknown**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **17**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

FATHER
13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER
15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Harold Shulz Dep. Cor. Cannon Court Bldg**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL **City Cemetery** DATE **1/5/1937**

19. UNDERTAKER **Wm C. McDowell**
(ADDRESS) **3706 Olive St. St. Louis**

20. FILED **J. Bredeck**
Regist. **DEC 31 1936**

N. P. M.D. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 28 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **10th** m.

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

Concussions / Hemorrhage Chronic Alcoholism, received when struck with fist by Pat. John Clancy on the performance of his duty Nov 28 1936 Date of onset

Other contributory causes of importance:

Justifiable Homicide

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

What test confirmed diagnosis?..... Was there an autopsy? **Yes.**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **homicide** Date of injury **10/28/1936**

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

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

Manner of injury..... Nature of injury..... **L**

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) **Harold Shulz** M. D.
(Address) **St. Louis**

