

DEC'D FEB 10 1939

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

791  
1003

287

Do not use this space.

287

## 1. PLACE OF DEATH

(a) County 1 Registration District No. 1003  
 (b) Township 1 Primary Registration District No. MISSOURI PACIFIC HOSPITAL Registered No. 287  
 (c) City ST. LOUIS (d) Street No. MISSOURI PACIFIC HOSPITAL St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

323 WILLIAM EDWARD HODGES Edward Hodges

(a) Residence, No. 212 Carlton St. WARRENSBURG MISSOURI  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W. WIDOWER  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1868  
 7. AGE YEARS 70 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired, Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pacific R.R.  
 10. Date deceased last worked at this occupation (month and year) 1-1-36 11. Total time (years) spent in this occupation 45 3/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawnwood Missouri

FATHER 13. NAME William Hodges

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

MOTHER 15. MAIDEN NAME Nancy Witcher

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

17. INFORMANT (ADDRESS) Mrs. Martin Hodges 1617 California Ave St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE 7/9/38

19. FUNERAL DIRECTOR (ADDRESS) Peetz Bros 3029 Lafayette Ave

20. FILED JAN 19 1939 J.F. Buehler Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 193922. I HEREBY CERTIFY, that I attended deceased from Dec 28, 1938, to Jan 8, 1939I last saw him alive on Jan 8 1939. Death is saidto have occurred on the date stated above, at 12 P.M.

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

Acute Cardiac Failure Date of onset 1-8-39  
Coronary occlusion 1-8-39  
Arteriosclerotic heart disease

Other contributory causes of importance:

Carcinoma of ProstateName of operation Cure of Prostate Punch Date of 1-5-39What test confirmed diagnosis? 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? YesIf so, specify Charles E. Buehler, M. D.(Signed) Charles E. Buehler, M. D.(Address) Mo. Pac. Hosp - Resident

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Frank J. Swann*  
\_\_\_\_\_  
Licensed Embalmer No. *2245*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**