

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH900  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... 1 Registration District No. .... 791  
 (b) Township ..... Primary Registration District No. .... 1003  
 (c) City St. Louis, Mo. (d) Street No. Little Sisters of the Poor 34005, Grand St. 900  
 (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 322 George Hodges

(a) Residence, No. 4505 Morganford St. 15  
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 3 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
 9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Robert Hodges

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

MOTHER 15. MAIDEN NAME Harriet Belle

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

17. INFORMANT Robert Hodges  
 (ADDRESS) 6422 Chatham

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar City, Mo. DATE 1/30/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edith E. Ambruster  
4234 Manchester

20. FILED JAN 29 1939 J. B. Budick  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28/39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 28, 1939  
 I last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cardio. Sclerosis  
Coronary Disease  
 Date of onset 1939

Other contributory causes of importance: Cancer Rectum 1937

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? 1  
 If so, specify .....  
 (Signed) [Signature] M. D.  
 (Address) [Signature]

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

.....  
working under my personal supervision.

Signed

*Sharon Eymck*

Licensed Embalmer No. *1287*

P. O. Address *St. Louis, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**