

E14452

No. 2
1-101
17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

691

Registration District No. **791**Primary Registration District No. **1003**

Registrar's No.

691

I. PLACE OF DEATH:

DECEASED FEB 17 1940

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether _____)
- In this community _____
 years, months or days

8. (a) PRINT FULL NAME William Hodges **372**8. (b) If veteran, name war _____ 8. (c) Social Security No. NONE4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years - Months Days If less than one day
About 62 hr. min.9. Birthplace Unknown
(City, town, or county) (State or foreign country)10. Usual occupation None **9**11. Industry or business **7**12. Name Unknown **7**13. Birthplace _____
(City, town, or county) (State or foreign country) **9**14. Maiden name Unknown **9**15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Resdwell(b) Address 2911 S. 18th St17. (a) Buried (b) Date thereof 1/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Park Lawn Cem.18. (a) Signature of funeral director Southern Funeral Home(b) Address 6322 So. Grand Blvd19. (a) JAN 24 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis **24**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2911 S 18th St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22,
year 1940 hour 5:35 minute P. M.21. I hereby certify that I attended the deceased from January
19, 1940 to January 22, 1940
that I last saw him alive on January 22, 1940
and that death occurred on the date and hour stated above.Immediate cause of death _____
Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury 123. Signature Freeman (M. D. or other) _____
Address 1515 Lafayette Date signed 1/23/40

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1945

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

Vergie L. Bryman

Licensed Embalmer No. *4018*

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.