Micheal Hodges

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30628

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7905

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. Marys Infimary 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 3 wks. (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County

(c) City or town ST. LOUIS 22 (If outside city or town limits, write "RURAL")

(d) Street No. 517A. gratiot ST (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Micheal Hodges

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Negro

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married

6. (b) Name of ~~husband or~~ wife Ruth Hodges

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan. (Month) 1 (Day) 1896 (Year)

8. AGE: 44 Years ~~43~~ Months 8 Days 18 If less than one day hr. min.

9. Birthplace ST. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Janitor 0

11. Industry or business 0

FATHER
12. Name William Hodges
13. Birthplace ST. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nellie Holmes
15. Birthplace ST. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ruth Hodges
(b) Address 517A Gratiot

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation OAKDALE

18. (a) Signature of funeral director Bennie Lone
(b) Address 3103 Washington

19. (a) SEP 23 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1940 hour 2 PM minute M.

21. I hereby certify that I attended the deceased from Sept 3, 1940, to Sept. 20, 1940, that I last saw h alive on Sept 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Cause unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. Allouing (M. D. or other)
Address 2516 Market Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 3108 Washing

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

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