

DEC 22 1941 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9368

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days.  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JOHN HODGES  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec. 20, 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)

10. Usual occupation: Unknown

11. Industry or business: Unknown

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: No. 2 Records  
(b) Address: City Sun

17. (a) Burial (b) Date thereof: Nov 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill Cem

18. (a) Signature of funeral director: [Signature]

(b) Address: 2725 Westcherryville

19. (a) NOV 26 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. City Infirmary  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1941 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from 11-19-41, 19\_\_\_\_ to 11-24-41, 19\_\_\_\_;  
that I last saw him alive on 11-24-41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis 11-19-41  
Pulmonary Atelectasis Rt.

Due to: Terminal Pneumonia 11-23-41

Due to: Bronchial form

Other conditions: 107  
(Include pregnancy within 3 months of death)

Major findings: 107a  
Of operations \_\_\_\_\_  
Of autopsy: Yes.

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? \_\_\_\_\_

While working \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: [Signature] (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

**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.

*11*  
*101*  
*Embalmers*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**