S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4463

FILED MAR 24 1941

Registration District No. [illegible]

Primary Registration District No. 100

Registrar's No. 2099

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: Little Sisters of Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22-days (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 26 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Hodecker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Carrie

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

7. Birth date of deceased August 12th., 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	23	hr. min.

9. Birthplace Baden (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Arnemental Iron Worker

FATHER
12. Name Joseph Hodecker
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Julunne Weber
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Sister Jeane

(b) Address 3225 N. Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th., year 1942 hour 5 minute p. M.

21. I hereby certify that I attended the deceased from Feb. 21, 1942 to March 5, 1942 that I last saw him alive on March 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 Month
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Anthony A. Prekovsky (M. D. or other) M.D.

Address 1525 a Cass Ave Date signed 3/6/42

(Licensed Embalmer's Statement on Reverse Side)

Dr.A.A.Piekarski
1525a Cass Ave.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.