V. S. No. 2
DM—9-4-41
ev. 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

18256

State File No.

FILED JUN 22 1942

Registration District No. 7

Primary Registration District No. 5580

Registrar's No. 15-33

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL-MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YR. 5 MO. 27 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5065 Genevieve
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE J. HODGENS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife ANNA McGOWAN

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased JULY (Month) 12 (Day) 1880 (Year)

8. AGE: Years 61 Months 10 Days 19 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation POLICEMAN - BANK GUARD - CLERK

11. Industry or business

FATHER
12. Name WILLIAM HODGENS 4
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name MARY RYAN 4
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant Brother Roch 1 S.F.
(b) Address St. Joseph's Hill Infirmary

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lingall Blvd

19. (a) Jun 1942 (Date received local registrar) (b) James A Townsend (Registrar's signature)

386

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Monday 1st year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 12 9, 1940 to 5-25-, 1942 that I last saw him alive on 5-25-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Arterio-Sclerotic Cardio-Vascular Disease c̄ Marked cerebral Sclerosis

Due to

Due to

Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)
+ Old Left Hemiplegia

Major findings:
Of operations None

Of autopsy None

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 None

(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 0

23. Signature Allen McCarney (M. D. ~~or other~~)

Address 6125 Bartmer Date signed 6-4-42

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kimbell

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

If this body is not embalmed, fact should be so stated above.