

Registration District No. **25** 1944

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **BARNES HOSPITAL**  
(If not in hospital or institution, write street name and location)  
(d) Length of stay: In hospital or institution **4 days** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Sangamon**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **2**

3. (a) PRINT FULL NAME **Henry Jackson Hodge**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Inez Hodge** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **March 27 1892**  
(Month) (Day) (Year)

8. AGE: Years **52** Months **1** Days **6** If less than one day  
hr. min.

9. Birthplace **Sangamon County / Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Die Maker**

11. Industry or business **Sangamon Electric Co.**

MOTHER FATHER { 12. Name **Branum Hodge**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Etta Price**

15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Inez Hodge**

(b) Address **Springfield, Ill**

17. (a) **Removal** (b) Date thereof **5-4-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc.**

(b) Address **4700 Washington Bld.**

19. (a) **MAY 4 1944** (b) **J. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**  
year **1944** hour **12:20** minute **A** M.

21. I hereby certify that I attended the deceased from **April 28**, 19**44**, to **May 3**, 19**44**; that I last saw him alive on **May 3**, 19**44**; and that death occurred on the date and hour stated above.  
Immediate cause of death **BRAIN TUMOR**

Duration **3 M.A.S.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **NONE**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **BRAIN TUMOR**  
**No malignancy**  
Of autopsy **BRAIN TUMOR**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death would 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 at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **M.C. Abney** (M. D. or other) \_\_\_\_\_  
Address **BARNES HOSPITAL** Date signed **5/3/44**

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Albert G. Hoppa*

Licensed Embalmer No..... *2971*

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.**