

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35407**

FILED DEC 27 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10155**

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. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 42 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John A. Hodge

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male **5. Color or race** white

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

6. (b) Name of husband or wife Mrs. Bertha Hodge

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased August 14th. 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>3</u>	<u>9</u>	hr. min.

9. Birthplace Bloomfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Wabash R. R.

12. Name Willis Hodge

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

14. Maiden name Ruth Patterson

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

16. (a) Informant Mrs. Bertha Hodge

(b) Address 1204 Madison St.

17. (a) Burial **(b) Date thereof** 11-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) Date received local registrar NOV 24 1945
(b) Registrar's signature J. F. Braddock

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1204 Madison St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 23rd.
year 1945 hour 3:45 PM. minute..... M.

21. I hereby certify that I attended the deceased from 11-17 - 1945 to 11-23 - 1945
that I last saw him alive on 11-23 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage **Duration** 1 week

Due to Hypertension **Duration** 4 years

Due to.....

Other conditions (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?.....

While at work..... **(Specify type of place)**

(c) Means of injury.....

23. Signature M. Ambling **(M. D. or other)**.....

Address 1114 Ma. Threeden Bldg. **Date signed** 11-24-45

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 *John P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *2243 St. Louis Ave*.....

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.