

FILED JUN 13 1946  
Registration District No. 318

Primary Registration District No. 100

Registrar's No. 4978

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

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

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. .... 118 S. 4th St.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Charlie Hodges

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 21  
year..... 1946 hour..... 10 minute..... 35 M.

3. (b) If veteran name war..... World War # 1 3. (c) Social Security No. .... Unknown

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

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

Immediate cause of death.....  
Pulmonary Edema, Acute  
Coronary of the Liver

6. (b) Name of husband or wife..... Unknown 6. (c) Age of husband or wife if alive..... years.....  
7. Birth date of deceased..... About 1890  
(Month) (Day) (Year)

8. AGE: Years..... About 56 Months..... Days..... If less than one day..... hr..... min.....

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... Unknown

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant..... City Hospital Records

(b) Address..... St. Louis, Mo.

17. (a) Burial (b) Date thereof..... 6-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... National Cemetery

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

(b) Address..... 4700 Washington Blvd.

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?.....

19. (a) JUN 3 1946  
(Date received local registrar)

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature..... Patrick E. Jay D. or other.....  
Address..... Dep. Coroner Date signed..... 6/3/46

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

1946

JUL 2 1948

NO EMBALM

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.....

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.**