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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1946

Registration District No. 3 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 38129

Registrar's No. 3439

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
334 W. Essex Ave.
(If not in hospital or institution, write street number or location)

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

In this community All his life

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 334 W. Essex Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amos Cornelius Hodges

3. (b) If veteran, name war

3. (c) Social Security No. 702-07-4629

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Virginia

(c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. (Month) 10 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	11	hr. min.

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

10. Usual occupation Electrician for Frisco R

11. Industry or business Frisco R. R.

FATHER
12. Name Hannibal N. Hodges
13. Birthplace [illegible] (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name Isabelle Dawson
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. Virginia Hodges
(b) Address 334 W. Essex

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant.

18. (a) Signature of funeral director Louis H. Popp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 11-23-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1946 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from Death without medical attendance, to, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

200

Major findings:
Of operations

Of autopsy No 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 Ruth L. Allen M.D. (M. D. or other)
Address 601 Brentwood Blvd. Date signed 11/23/46

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1947

MAY 22 1947

MAY 22 1947

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22)

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.