

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED DEC 9 1946

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(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 number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days) 3

3. (a) PRINT FULL NAME KENNETH HODGE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ZORA HODGE

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased OCTOBER 7 - 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>18</u>	hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name JOHN HODGE

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

14. Maiden name JANE KELLER

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

16. (a) Informant ARTHUR HODGE

(b) Address MT. VERNON - ILLINOIS

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10-28-1946  
(Month) (Day) (Year)

(c) Place: burial or cremation WEST SAKEMILL COM.

18. (a) Signature of funeral director MEYERS FUNERAL SER.

(b) Address MT. VERNON, ILL.

19. (a) OCT 28 1946 (Date received local registrar)

(b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County JEFFERSON

(c) City or town MT. VERNON  
(If outside city or town limits, write "RURAL") NR

(d) Street No. RURAL  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25  
year 1946 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from Oct. 19, 1946 to Oct. 25, 1946  
that I last saw him alive on October 25, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic heart disease

Due to \_\_\_\_\_

Other conditions Emphysema  
(Include pregnancy within 3 months if death)

Duration 17

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:

1. Of operations \_\_\_\_\_

Of autopsy none

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 J. F. Bredeck (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 10-28-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
37525

DEC 9 1946

9207

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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 Keller*

Licensed Embalmer No. *3880*

P. O. Address *H. Louis*

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.