V. S. No. 2
5M—12-45
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

Registration District No. 3172

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 26351

Registrar's No. 1547

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1832 Kienlen Avenue.
(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 St. Louis 96

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

(d) Street No. 1832 Kienlen Avenue.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Henry W. Hodde.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Anna Hodde.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased June 15, 1881.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	1	hr. min.

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

10. Usual occupation General Repair man.

11. Industry or business .....

FATHER
12. Name Fred Hodde.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Winkelman.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert Hodde.
(b) Address 6431 Hobart Avenue.

17. (a) Burial (b) Date thereof 7-19-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 7-19-47 (b) Cecil A. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th.
year 1947 hour 5.50 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 10, 1946 to July 16, 1947
that I last saw him alive on July 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to (1) Carcinoma Urinary Bladder

Due to (2) Uremia

Other conditions —
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations cystoscopy - Biopsy
Oct 13/46 Carcinoma bladder
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?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Martin Schatten (M. D. or other) M.D.
Address 505 Humboldt Bldg Date signed July 16/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Martyn Schattyn.
Humbolt Building.
Hours 2 to 6 P.M.
Franklin 5886

JUL 31 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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. 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.