

FILED JAN 22 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
2610 A. Lucas
(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) 22 years

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

3. (b) If veteran, name war # 2

3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Col.

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

6. (b) Name of husband or wife Annie

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 28, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

37 6 14 hr. min.

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

10. Usual occupation porter

11. Industry or business _____

12. Name Andrew Hodge

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

14. Maiden name Jennie Gowen

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

16. (a) Informant Jennie Hodge

(b) Address 2016 Chestnut Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 48
(Month) (Day) (Year)

(c) Place: burial or cremation National; Jefferson Barracks

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) JAN 22 1948 (Date received local registrar) J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2610 A. Lucas Ave. (If rural, give location) 9
21

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th year 1948 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1948 to Jan. 11, 1948 that I last saw him alive on Jan. 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus

Due to _____

Due to _____

Other conditions fluency & effusion (Include pregnancy within 3 months of death) 6 days

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature Chas. Wolf (M. D. 1/12/48)

Address 1418 Franklin Date signed 1/12/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 3 1940

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..... 3489

P. O. Address..... City

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.