FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24377

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6781

1. PLACE OF DEATH:

(a) County Dr Louis Mo.

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

(c) Name of hospital or institution: Hosp = r o

(If not in hospital or institution, write street number or location)

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

In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 600

(c) City or town Dr Louis 11 (If outside city or town limits, write "RURAL")

(d) Street No. 15, S. Beaumont 22. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Luther Hodge

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 5 (Month) 1 (Day) 1883 (Year)

8. AGE: Years 65 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Mop & Broom Maker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " " (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Susia Woods

(b) Address 15 N. Beaumont St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale Cemetery

18. (a) Signature of funeral director Gus Lowe

(b) Address 2930 Dickson St.

19. (a) AUG 2 - 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 7th day 24th year 1948 hour 11:30 minute a. M.

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

Immediate cause of death Ulcerative Colitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E. Dyer Jr. (M.D. or other)

Address Date signed 8/2/48

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Harris, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.