

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22110

State File No. _____

FILED JUN 18 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1237

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Manchester</u>	
c. LENGTH OF STAY (In this place) <u>14 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Pine Crest Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Linnie</u> b. (Middle) <u>Cathrine</u> c. (Last) <u>Hodge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-17-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>8-3-1875</u>	9. AGE (In years, last birthday) <u>73</u>	10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work done getting most of working life or of retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Mount Vernon Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>August Ord</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Carter</u>		14. NAME OF HUSBAND OR WIFE <u>James Henry Hodge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Noble Bruce St. Louis</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>chronic suppurative</u> DUE TO (c) <u>senility</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar 6, 1948, to May 17, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. T. Metten M.D.</u>		23b. ADDRESS <u>3507 Potomac</u>		23c. DATE SIGNED <u>3-17-49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City 1</u>	
24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead, 1111 So. No.</u>			
DATE REC'D BY LOCAL REG. <u>3-17-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. E. Motherhead* _____

Licensed Embalmer No. *3531* _____

P. O. Address *Desoto md* _____

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.