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FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38825

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9489**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2528 1/2 University St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS 2528 1/2 University Street.	
3. NAME OF DECEASED (Type or Print) a. (First) Lucian		b. (Middle)	
c. (Last) Hodges		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2nd 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Divorced	8. DATE OF BIRTH Feb. 18th 1905
9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri, D	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME George Hodges	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Roy Robinson		ADDRESS 2528 1/2 University Str.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bright's Disease ANTECEDENT CAUSES Old healed T.B. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. RV Lung removed DUE TO (b) DUE TO (c) Chronic Asthma 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) 131 (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 592X		22. I hereby certify that I attended the deceased from about 8:45 a.m. 11/2 , 1949, that I last saw the deceased alive on 1/2 , 1949, and that death occurred at 12:30 m., from the causes and on the date stated above.	
23a. SIGNATURE Roy Robinson (Degree or title)		23b. ADDRESS 3919 W. Robinson	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL	
24b. DATE Nov. 5th 1949		24c. NAME OF CEMETERY OR CREMATORY Lesterville, Mo.	
24d. LOCATION (City, town, or county) (State) Lesterville Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Basater ADDRESS Leidner Und. Co., 2223 St. Louis Av	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE Nov 5 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

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

John P. Buckholz

Licensed Embalmer No. _____

1674

P. O. Address _____

2723 St. Louis Ave

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.