

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3316**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **182**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City | | c. CITY (If outside corporate limits, write RURAL and give township) 32-TOWN University City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 650la Crest Ave. | | d. STREET ADDRESS (If rural, give location) 650la Crest Ave. | |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) _____ c. (Last) Hodgson | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1950 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH April 17, 1869 | | 9. AGE (In years last birthday) 80 | | IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Jacksonville, Ill. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME James Hodgson | | 13b. MOTHER'S MAIDEN NAME Margaret Simpkins | | 14. NAME OF HUSBAND OR WIFE Emma Hodgson | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME Belva Hodgson, 650la Crest Ave. ADDRESS | |
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| 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) Cerebral Prostate | | INTERVAL BETWEEN ONSET AND DEATH 1 yr | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|---|--|--|--|
| 19a. DATE OF OPERATION Mar 19 1949 | | 19b. MAJOR FINDINGS OF OPERATION Cerebral Prostate | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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|---|--|--|--|---|--|
| 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 **Feb 19 1949** to **Jan 19 1950** that I last saw the deceased alive on **Jan 17 1950** and that death occurred at **7:15 P.M.** from the causes and on the date stated above.

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|--|--|--------------------------------------|--|---|--|
| 23a. SIGNATURE Robert Colkins (Degree or title) MD | | 23b. ADDRESS 23011. Kaskaskia | | 23c. DATE SIGNED 1/19/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1-20-50 | | 24c. NAME OF CEMETERY OR CREMATORY Marthasville, Mo. | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 1-20-50 | | REGISTRAR'S SIGNATURE Robert R. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 23 1958

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. Wm Bembley _____
Licensed Embalmer No. 3653

P. O. Address St Louis, Mo

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.