

8-7-51
FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24741

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6627	
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 St. Louis Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits), write RURAL and give township OR TOWN St. Louis 3119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				1. STREET ADDRESS (If rural, give location) 3640 Cook 0'			
3. NAME OF DECEASED (Type or Print) Robert Hodges			4. DATE OF DEATH (Month) (Day) (Year) July 19 1951				
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH May 2 1902	
9. AGE (In years last birthday) 47		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penn. Railroad		10b. KIND OF BUSINESS OR INDUSTRY Penn. Railroad		11. BIRTHPLACE (State or foreign country) Webb Miss 1	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Robert Hodges Sr		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) No		16. SOCIAL SECURITY NO. 412-03-7996		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Sunnivant 3640 Cook			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Cecum with generalized Metastases		INTERVAL BETWEEN ONSET AND DEATH Undet.					
ANTECEDENT CAUSES		DUE TO (b) Undetermined					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. None					
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X			
22. I hereby certify that I attended the deceased from 5-1 , 19 51 , to 7-19 , 19 51 , that I last saw the deceased alive on 7-19 , 19 51 , and that death occurred at 12:40pm. , from the causes and on the date stated above.							
23a. SIGNATURE Frank E. Woodson, M. D. (Degree or title)				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 7-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-25-51		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis	
DATE REC'D BY LOCAL REG. JUL 24 1951		REGISTRAR'S SIGNATURE J. B. Lacater		25. FUNERAL DIRECTOR'S SIGNATURE C. B. Kover		ADDRESS 1271 N. Dean	

APR 17 1952

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Jessie C. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. *4600*

P. O. Address *12214 Grand*

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.