

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12819

S. No. 300
R. No. 0.48

State File No. _____

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 763

4001

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOHNS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOHNS</u>	
c. LENGTH OF STAY (in this place) <u>1 YR</u>		4191	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8149 ST. CHARLES LANE</u>		d. STREET ADDRESS (If rural, give location) <u>8149 ST. CHARLES LANE</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print)		b. (Middle) <u>J.</u> c. (Last) <u>HODGE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-7-1953</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>MAR-4-1881</u>
9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR Months <u>0</u>	# UNDER 1 DAY Days <u>3</u>	# UNDER 1 MIN. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
<u>HOUSEWIFE</u>	<u>At Home</u>		
13a. FATHER'S NAME <u>TOM SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM HODGE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y. m. no. or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>AA 4000</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>BENJAMIN HODGE</u>		ADDRESS <u>4315 RAVENWOOD</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arteriosclerosis</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"/>
			<u>4201</u>
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) m.	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 <u>Feb. 20</u> , 19 <u>52</u> , to <u>Mar. 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar. 6</u> , 19 <u>53</u> , and that death occurred at <u>12:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edwin O. Meiner M.D.</u>		23b. ADDRESS <u>6651 Enright av.</u>	23c. DATE SIGNED <u>3-7-53</u>
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>3-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. FRANCIS COUNTY - MO</u>
DATE REC'D BY LOCAL REG. <u>3-9-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Damb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Tanner</u> ADDRESS <u>6197 Natural Bridge</u>	

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 Schenck
Licensed Embalmer No. 4199
P. O. Address _____

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.