No. 300
0-48

FILED MAY 18 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19073

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 117

**1. PLACE OF DEATH** 0920 3
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural St. Charles
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) South Shore, St. Charles, Co.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2269
d. STREET ADDRESS (If rural, give location) 821 a Bremen 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) WILLARD b. (Middle) E. c. (Last) HODGES

**4. DATE OF DEATH** (Month) May (Day) 7 (Year) 1953

**5. SEX** Male 0
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Divorced 2
**8. DATE OF BIRTH** July 11, 1915
**9. AGE** (In years last birthday) 37 IF UNDER 1 YEAR Months 9 Days 27 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Cab Driver
**10b. KIND OF BUSINESS OR INDUSTRY** Laclede Cab Co.
**11. BIRTHPLACE** (State or foreign country) Divernon, Illinois
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME** Robert Hodges
**13b. MOTHER'S MAIDEN NAME** Ethel E. Ford
**14. NAME OF HUSBAND OR WIFE** Evelyn Hodges

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
**16. SOCIAL SECURITY NO.** 488-09-9449
**17. INFORMANT'S SIGNATURE OR NAME** Ethel Rath, 821 A Bremen, St. Louis, Mo. ADDRESS

**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) Drowning

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Accidental Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
E9294

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 092 45
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) South Shore Club
**21c. (CITY, TOWN, OR TOWNSHIP)** St. Charles (COUNTY) St. Charles (STATE) Mo.

**21d. TIME OF INJURY** (Month) May (Day) 7 (Year) 1953 (Hour) 4:10 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?** Fell off of Boat Dock

22. I Held an inquest on ~~I hereby certify that I~~ attended the deceased from May 11, 1953, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) Marie Muschoy Coroner 3
**23b. ADDRESS** Wentzville Mo.
**23c. DATE SIGNED** May 11-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** May 11, 1953
**24c. NAME OF CEMETERY OR CREMATORY** Memorial Park Cemetery
**24d. LOCATION** (City, town, or county) St. Louis, Co. (State) Mo.

**DATE REC'D BY LOCAL REG.** May 11 1953
**REGISTRAR'S SIGNATURE** Fannie Hamilton 284-0
**25. FUNERAL DIRECTOR'S SIGNATURE** Albert H. Hoppe ADDRESS St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 3 19[redacted]

JUN 3 1953

## 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 Frank R Amalang

Licensed Embalmer No. 4 8 3 2

P. O. Address St. Charles, M

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.