

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22888

State File No. ....  
5893  
Registrar's No. ....

FILED JUL 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>040</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. ....		Registrar's No. ....					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3018 Lucas</u>		<u>22190</u>							
3. NAME OF DECEASED (Type or Print) <u>Nadeen</u>			a. (First)		b. (Middle)		c. (Last) <u>Hodge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 10, 1894</u>		9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u></u>	11. DAYS <u></u>	12. HOURS <u></u>	13. MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grady, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Wilber Bough</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Clarence Hodges</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Hodges</u> ADDRESS <u>3018 Lucas</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>										<u>Undet.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.										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.			
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT (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? <u>490X</u>									
22. I hereby certify that I attended the deceased from <u>5-6</u> , 19 <u>53</u> , to <u>6-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-10</u> , 1953, and that death occurred at <u>12:10a</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Thomas H. Greaves</u> (Degree or title) <u>M. D.</u>						23b. ADDRESS <u>2601 N Whittier St</u>			23c. DATE SIGNED <u>6-10-53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>						
DATE REC'D BY _____		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>C. D. Korman</u>		ADDRESS <u>1221 N. Grand</u>					

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.....  
Signature of Student Embalmer

Signed.....  
*Christel E. Lewis*

Licensed Embalmer No. *487*

P. O. Address *1221 N. D.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.