

STANDARD CERTIFICATE OF DEATH

State File No. **7122**

75405-53  
FILED MAR 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **410**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson</b>		c. CITY OR TOWN <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>1 Week</b>		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: <b>Lullaby Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>1606 Liggett Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>KATHERINE</b> c. (Last) <b>HODGES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-15-1954</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>9-20-1953</b>		9. AGE (In years last birthday) <b>4</b>		10. IF UNDER 1 YEAR: Hours <b>25</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Bennett Hodges</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Carpenter</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>N/A</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bennett Hodges 1606 Liggett Ave</b>	
---	--	-------------------------------------	--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Conclusions - Atelectasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Birth</b> <b>Birth</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prenatal</b> DUE TO (c) <b>Perinatal</b>		
	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"/>	
------------------------	--	----------------------------------	--	--	--

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) <b>7531</b>	
--	--	--	--	--	--

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 **9/20, 1953**, to **2/12, 1954**, that I last saw the deceased alive on **2/12, 1954**, and that death occurred at **5:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Jackson Gto M.D.</b> (Degree or title)		23b. ADDRESS <b>634 No Grand</b>		23c. DATE SIGNED <b>2/15/54</b>	
--	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>2-16-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>	

DATE REC'D BY LOCAL REG. <b>2-15-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donk</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parke Aldrich 7 Home Webster Groves Mo.</b>	
---	--	--	--	---	--

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 no embalming Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Lucie Welch

Licensed Embalmer No. 439

P. O. Address Walter G.

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.