

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14520**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 896	
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) Koch Mo.		c. LENGTH OF STAY (In this place) 2760 days		c. CITY (If outside corporate limits, write RURAL and give township) Koch Mo #35			
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital				d. STREET ADDRESS (If rural, give location) Robert Koch Hospital			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Frances		c. (Last) Hodac	
4. DATE OF DEATH (Month) (Day) (Year)		April 15 1954					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan 15, 1905	
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory Technician			10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL			11. BIRTHPLACE (City and State or Foreign Country) Bohemia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Hodac		13b. MOTHER'S MAIDEN NAME Anna Struhovskii		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Via Record - Pts. History			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pneumonia 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.				INTERVAL BETWEEN ONSET AND DEATH 26 yrs. 6 days	
19a. DATE OF OPERATION 4/8/54		19b. MAJOR FINDINGS OF OPERATION Left lung collapsed @ cavitation				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 April 1, 1954 , to April 15, 1954 , that I last saw the deceased alive on April 15, 1954 , and that death occurred at 7:40 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John G. Dudley, MD				23b. ADDRESS Robert Koch Hospital		23c. DATE SIGNED 4/15/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/17/54		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cem.		24d. LOCATION (City, town, or county) (State) Freeburg Ill.	
DATE REC'D BY LOCAL REG. 4-16-54		REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler and Co. 7420 Michigan			

32V (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.