

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39124

FILED NOV 29 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2613</u>			
1. PLACE OF DEATH a. COUNTY <u>saint 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) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>8 hrs</u>		c. CITY OR TOWN <u>Kinloch 4091</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co., Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>938 Wesley Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELVIN</u>			b. (Middle)		c. (Last) <u>HODGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 7 55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5 Feb 1932</u>		9. AGE (In years last birthday) <u>23</u> If UNDER 1 YEAR: MONTHS _____ DAYS _____ If UNDER 24 HRS: HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturing</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Hodge</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Hart</u>			14. NAME OF HUSBAND OR WIFE <u>Clotte Hodge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>			16. SOCIAL SECURITY NO. <u>489 34 3504</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clotte Hodge, 938 Wesley, Kinloch</u>				
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial aneurysm suspected.</u> 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	
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) <u>452X</u>					
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 <u>11-7, 1955</u> , to <u>11-7, 1955</u> , that I last saw the deceased alive on <u>11-7, 1955</u> , and that death occurred at <u>2:55</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William H. Davis M.D.</u>				23b. ADDRESS <u>Clayton 601 S. Brentwood</u>			23c. DATE SIGNED <u>11-8-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12 Nov 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Hillsdale, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-8-55</u>			REGISTRAR'S SIGNATURE <u>Herbert R. Donahoe</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Bros, Kinloch, Mo.</u>			

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

24. (Licensed Embalmer's Statement on Reverse Side)

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 *Edward A. Lyman*.....

Licensed Embalmer No..... 4400

P. O. Address *St. Louis, Mo.*

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.