

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43202

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 12119

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 12119			
1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN St. Louis		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: Homer G. Phillips Hosp				a. STREET ADDRESS (If rural, give location) 1910 Cora Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Joe			b. (Middle) Louis			c. (Last) HODGES			
4. DATE OF DEATH (Month) (Day) (Year) Dec 31, 1956		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH Aug 7, 1935	
9. AGE (In years last birthday) 21		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward E. Hodges			13b. MOTHER'S MAIDEN NAME Ruth Partee			14. NAME OF HUSBAND OR WIFE -----			
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. -----		17. INFORMANT'S SIGNATURE OR NAME Ruth Hodges, 1910 Cora Ave.				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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* INTERNAL HEMORRHAGE		MEDICAL CERTIFICATION Following gunshot wound following gunshot wound to abdomen and chest, suffered when shot with quarter round in hands of party for papers unknown to jury at 1000 hrs about 8:50 pm on Dec 31, 1956, in room 1014 at 1014 Modugno will Ave				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		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						19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 12 31 56 8:30 pm		21e. HOW DID INJURY OCCUR? E981X	
21e. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Cunningham				23b. ADDRESS 1300 Clark Avenue				23c. DATE SIGNED 1/13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 5, 1957		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem		24d. LOCATION (City, town, or county) (State) Berkeley City, Mo.			
DATE REC'D BY LOCAL REG. JAN 3 1957		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Cunningham & Moore		ADDRESS 2405 Marcus			

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.....  
*John R. Cunningham*

Licensed Embalmer No...4476..

P. O. Address..... 2405 Marc

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.