

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

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS 2067			
STREET ADDRESS (If rural, give location) 1435 Aurlington AVE.			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) MINNIE	b. (Middle)	c. (Last) HODGE	(Month) (Day) (Year) JAN. 3 1957

5. SEX 3 FEMALE	6. COLOR (OR RACE) NEgro	7. MARRIED, NEVER MARRIED, 2 *WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH APRIL 7, 1900	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months Days	# UNDER 60 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MEMPHIS TENN.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME JOHN YOUNG	13b. MOTHER'S MAIDEN NAME MINNIE YOUNG	14. NAME OF HUSBAND OR WIFE SAM HODGE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BERNICE M. DONOLD 4629 GREGG	
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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) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 9 mo. - 6 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
	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 443x	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3/15/57** to **1-3-**, 19**57** that I last saw the deceased die on **1-3-57**, and that death occurred at **8 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. E. Hale M.D.	(Degree or title)	23b. ADDRESS 827 N. Jefferson	23c. DATE SIGNED 1/4/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) MEMPHIS, TENN. by railroad	24b. DATE JAN. 6, 1957	24c. NAME OF CEMETERY OR CREMATORY Memphis, Tennessee	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. JAN 4 1957	REGISTRAR'S SIGNATURE J. Carl Smith M.D. Boyd	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3704 Finney Ave.
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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 *W. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 Ald*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.