THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29557

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7965

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo.Baptist Hosp. — Length of stay in 1b: 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St.Louis, — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5963 No.Cuba Ct. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle V. Last HODAN

4. DATE OF DEATH: Month Aug. Day 24, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: April 13,1880

9. AGE (In years last birthday): 77 — 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): Attendent

10b. KIND OF BUSINESS OR INDUSTRY: State Hosp #1

11. BIRTHPLACE (City and state or country): St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hodan

14. MOTHER'S MAIDEN NAME: Marie Mazamec

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Anna Hodan- 5963 North Cuba Ct. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 13 Mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) adenocarcinoma of Rectum with

DUE TO (c) obstruction of ureters

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 154x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July '56, to 8-24-57 and last saw ~~her~~ him alive on 8-24-57

Death occurred at 6:00 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Drennan Bailey MD (Degree or title)

22b. ADDRESS: MO Theater Bldg #1114 St.Louis 3 Mo

22c. DATE SIGNED: 8-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-27-57

23c. NAME OF CEMETERY OR CREMATORY: St.Peter & Paul.

23d. LOCATION (City, town, or county): St.louis, (State) Mo.

24. FUNERAL DIRECTOR: Kriegshauser — ADDRESS: 4228 S.Kingshighway

25. DATE RECD. BY LOCAL REG.: AUG 26 57

26. REGISTRAR'S SIGNATURE: J. Earl Smith, MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Richard W. Stowe

Licensed Embalmer No. 4.

P. O. Address .....

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.