...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59-033907

STATE FILE NUMBER

...MENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8702

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b: 30 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3043 A Franklin Ave
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LEROY; Middle: ; Last: HODGE
4. DATE OF DEATH: Month: Sept. Day: 18 Year: 1959
5. SEX: Male
6. COLOR OR RACE: Col.
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: June 30, 1892
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months: 2 Days: 18
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Building Trade
11. BIRTHPLACE (City and state or country): Miss.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:
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.: 498-07-0845
17. INFORMANT: Carol J. Hagans Address: 50 E. Jackson, Kinloch, Mo.

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): Gunshot wound of abdomen, suffered when shot with gun in hands of one James Austin (col) in front of
DUE TO (b): about 2346 Cole St. about 2:00 a.m.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c): Homicide
INTERVAL BETWEEN ONSET AND DEATH: Sept 12 1959

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 981x

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
20c. TIME OF INJURY: Hour 2:00 a.m. ~~p.m.~~ Month, Day, Year 9-12-59
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
20f. CITY, TOWN, OR LOCATION: St Louis COUNTY: STATE: Missouri

BY AFFIDAVIT OF

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 6:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or Title): Coroner
22b. ADDRESS: 1300 [illegible]
22c. DATE SIGNED: 9/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-23-59
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): St. Louis, Co Mo
24. FUNERAL DIRECTOR: J.H.RANDLE & SON ADDRESS: 3133 Bell Ave.
25. DATE RECD. BY LOCAL REG.: SEP 21 '59
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Wash

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