

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019090

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4794

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

FILED JUN 8 1961

1. PLACE OF DEATH

a. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb _____

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. # 1 Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 819 No. 16 th St. Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY _____

3. NAME OF DECEASED First Murray Middle C. Last Hodges

4. DATE OF DEATH Month 5 Day 16 Year 61

5. SEX Male 6. COLOR OR RACE Colored 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-2-1907 9. AGE (last birthday) 54

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Hodges 13b. MOTHER'S MAIDEN NAME Essie King 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1942 to 1945 16. SOCIAL SECURITY NO. ? 17. INFORMANT Carmen Hill-5062 Kensington Ave. Address _____

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion,

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis.

DUE TO (c) 420.1

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

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 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 _____ to _____ and last saw her/him alive on _____

Death occurred at 3⁴⁵ P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Queen, Registrar 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 5-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-31-61 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo.

24. FUNERAL DIRECTOR Ellis Funeral Home 2820 Stoddard St. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. MAY 22 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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

Not embalmed
Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Shannon

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.