

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008209

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1764**

FILED FEB 23 1962

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4406 McPherson** Inside Limits Yes No
 e. STREET ADDRESS (If outside, give location) **4406 McPherson** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **MARJORIE ROWAN HODGE** 4. DATE OF DEATH Month Day Year **Feb. 11 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Feb 16 1895** 9. AGE (last birthday) **66** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **at home** 10b. KIND OF BUSINESS OR INDUSTRY **at home** 11. BIRTHPLACE (City and state or country) **Eldorado, Kansas** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Rowan** 13b. MOTHER'S MAIDEN NAME **Myrtle Unknown** 14. NAME OF HUSBAND OR WIFE **Karl Hodge**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT Address **Karl Hodge, 4406 McPherson, St. Louis (8) Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **pneumonia** INTERVAL BETWEEN ONSET AND DEATH **3 days**
 DUE TO (b) **metastatic carcinomatosis** **3 yrs**
 DUE TO (c) **Primary carcinoma of sigmoid** **4 yrs**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **153.3** 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 **March 1962** to **Feb 11, 1962** and last saw ^{her} _{him} alive on **Feb 11, 1962**
 Death occurred at **2:25 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print name or title) **[Signature]** 22b. ADDRESS **4500 W Pine St St Louis Mo** 22c. DATE SIGNED **2-12-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **Feb 13, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **C.R. LUPTON & SONS, 7233 Delmar-St. Louis (30)** 25. DATE RECD. BY LOCAL REG. **FEB 13 1962** 26. REGISTRAR'S SIGNATURE **Karl Smith, M.D.**

VS 300 Rev. 4/59
 1
 2 **2/99**
 3
 4 **1**
 5 **1**
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 7 **1**
 8 **2**
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 12 **90-0**
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90
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

HODGE
City Vise
Dr. J. T. Jean
9-10M

Handwritten signature
CITY

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 *C. Earene A. Murray*

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo.

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.