

No. 2
-12-45
-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41529**
Registrar's No. **10750**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Charles David Hodge Jr
3. (b) If veteran, name war. ******* 3. (c) Social Security No. *******

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. March 3rd, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 hr. min.
9 8

9. Birthplace: Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Nil

11. Industry or business.....

MOTHER FATHER
12. Name: Charles J. Hodge
13. Birthplace: Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Marie Sigman
15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles J. Hodge
(b) Address: 2847 S. Fourth St

17. (a) Burial (b) Date thereof: 12-14-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director: Zeegerman Bros
(b) Address: 6409 Gravois Ave

19. (a) DEC 13 1948 (b) J. B. Basater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2847 S. Fourth St
(If rural, give location) 24
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 48 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from 11-28-1948 to 12-11-1948
that I last saw him alive on 12-11-1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis
Due to: Diarrhea
Due to.....

Other conditions: 119A
(Include pregnancy within 3 months of death)

Major findings: 119A
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... Means of injury.....
23. Signature: Dr. L. Thurston (M. D. or other) 12/11/48
Address: Children's Hospital Date signed.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Allen Davis Jr.
Licensed Embalmer No. *4903*
P. O. Address *W. F. Rev.*

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 this body is not embalmed, fact should be so stated above.