

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

13584
Do not use this space.
3926

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis, or (d) Street No. St. John's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 Anthony E. Hodes

(a) Residence, No. 2230 Nebraska Ave. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 17, 1935.</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>5</u>
	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Alois F. Hodes</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Alice Tritschler</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Mo.</u>	

17. INFORMANT Alois F. Hodes
(ADDRESS) 2230a Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL
Sunset Burial Park DATE Apr. 29, 1939

19. FUNERAL DIRECTOR (NAME) J. H. Gebken & Co.
(ADDRESS) 2842 Meramec St.

20. FILED APR 27 1939
J. P. Brubaker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 8:00 A. m.

The principal cause of death and related causes of importance were as follows:

Fractured skull hemorrhage at Brownsville, he fell from porch during storm on Tuesday, Apr. 26, 1939 at 2:30 Nebraska Ave. Apr 26 1939 about 11:30 AM

Date of onset

Other contributory causes of importance:
1860
18

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury 4/26, 1939

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Sex above
Nature of injury

24. Was disease of injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred Perry M. D.
Deputy Coroner
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Herman A. Gubken*

Licensed Embalmer No. 2120
2842 Lieramec St.
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 this body is not embalmed, above space should be left blank.