V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32736

State File No.

FILED OCT 20 1944

Registration District No. 318

Primary Registration District No. L1003

Registrar's No. 8698

1. PLACE OF DEATH:

(a) County

(b) City or town ST. Louis. MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/12/44-10/7/44 (Specify whether

In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST, Louis. MO
(If outside city or town limits, write "RURAL")

(d) Street No. 2037 Eugenia
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ruby Hodges Resper.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife UNKNOWN.

6. (c) Age of husband or wife if alive, if dead, how long years UNKNOWN.

7. Birth date of deceased Aug (Month) 8 (Day) 1916 (Year)

8. AGE: Years 28 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Greenfield Mississippi 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John Hodges
13. Birthplace Jackson Mississippi 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lyda Oweens
15. Birthplace Jackson Mississippi 0
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Becktame
(b) Address 5600 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennie Lowe
(b) Address 3103 Washington

19. (a) OCT 12 1944 (Date received by local registrar) J. F. Bredeek (Registrar's signature)

944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1944 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5/12/44, 1944, to 10/7, 1944; that I last saw her alive on October 7, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	7 mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

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? (e) Means of injury

23. Signature Frances M. Lee (M. ~~Dr. or other~~)

Address 5600 Arsenal Date signed

(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.....

.....; Registered Apprentice No.....,

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.