REC'D JUN 12 1939

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

16538
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791 1003

(b) Township Primary Registration District No. Registered No. 4072

(c) City or Town St. Louis (d) Street No. 2909 a Bailey 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 77 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Emma Bode

(a) Residence, No. 2909a Bailey Ave. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of John A. Bode

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Casper Beimford

14. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anna Kastrup

16. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Minnie Cudmore
(ADDRESS) 2909a Bailey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem. DATE May 4, 1939

19. FUNERAL DIRECTOR (NAME) Suedmeyer & Sons
(ADDRESS) 3934 N. 20th St.

20. FILED MAY 2 1939 J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to May 1, 1939

I last saw her alive on May 1, 1939. Death is said to have occurred on the date stated above, at 6:00 A.M.

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

	Date of onset
Chronic myocarditis	8/15/39

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

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

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Eugene L. Arnold, M. D.

(Address) 4356 Warne

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16605

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

Geo P Schubert, Registered Apprentice No.

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2213

P. O. Address 5118 N Kingsley

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.