

MAY 15 1940

State File No.

3812

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 7 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rev. Henry G. F Bode

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emilie F. Bode 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 7, 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Femme Osage Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pastor

11. Industry or business \_\_\_\_\_

12. Name Henry C. Bode

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth F. Bode  
(City, town, or county) (State or foreign country)

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Emilie F. Bode

(b) Address No. 1 Plant Court

17. (a) Burial (b) Date thereof Apr. 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. F. D'Archedea

(b) Address 2825 N. Grand Blvd.

19. (a) APR 28 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. No. 1 Plant Court.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27th  
year 1940 hour 5 minute 05 P. M.

21. I hereby certify that I attended the deceased from November 5<sup>th</sup> 1939 to April 27, 1940  
that I last saw him alive on April 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Acidosis  
complicating diabetes since 1925.

Due to acid suppurative bronchitis  
November 5, 1939 to February 25th 1940; with myocardial hypertrophy & valvular lesions.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature Wm. F. Simon (M. D. or other) \_\_\_\_\_

Address 1115 Victoria Date signed 4.28.40

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. G. Sullivan*

Licensed Embalmer No. 1122

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**