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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5215

Primary Registration District No. 1003

Registrar's No. 1463

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

**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: Park Lane Hospital 0
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 1716
(If outside city or town limits, write "RURAL")

(d) Street No. 3536 Connedticut St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles H. Bodley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Caroline Bodley

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov. 2, 1877 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 3 | 10 | hr. min. |

9. Birthplace Marion / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Lumber

FATHER
12. Name Charles Bodley
13. Birthplace / Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Bodley
(b) Address 3536 Connecticut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Pk. Cem.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) FEB 14 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 12
year 1941 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 21, 1941, to Feb. 12, 1941;
that I last saw him alive on Feb. 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate gland Primary and bladder Urinary

Due to

Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Uremia

Of autopsy

Duration

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 — 0

23. Signature [signature] (M.D. or other)
Address 4930 Lindell Blvd. Date signed 2-13-41

(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: [signature]

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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

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