S. No. 2
M—9-4-41
v. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8293 2434

Registrar's No.

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:
1434 Mallinckrodt (Rear)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26 000

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

(d) Street No. 1434 Mallinckrodt (Rear)
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank J. Bode

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

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

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

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

7. Birth date of deceased January (Month) 4 (Day) 1864 (Year)

8. AGE: Years 78 Months 2 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grocer

MOTHER FATHER

12. Name John Bode

13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

14. Maiden name Gertrude Ludeke

15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Bode

(b) Address 1434 Mallinckrodt St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Brookland Und Co

(b) Address 1827 Hogan St.

19. (a) MAR 17 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th. year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1940, 19..., to Mar 1942, 19..., that I last saw him alive on Mar 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — Duration
Due to Arterio — 5 years
Due to
Other conditions Chr. Intestinal Nephritis
(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 0

23. Signature Alexander G. Hoff (M. D. or other)

Address 3901 W. Pt Lowell Date signed 2/16/42

(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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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.