

FILED AUG 21 1947 318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **Sy. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
~~St. Louis Hospital~~ **Alexian Brothers**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **7 Days**  
 (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**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **5200 A. Sutherland Ave**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... **William A. Bode**  
 (b) If veteran, name war.....  
 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....  
 year..... hour..... minute..... M.

4. Sex..... **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..... **October 8 1874**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
 that I last saw him alive on.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

8. AGE: Years Months Days If less than one day  
**72 10 6** hr. min.

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within months of death)

*Senile Dementia*  
*930*  
*Impairment - Chr*

9. Birthplace..... **Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired Salesman**

11. Industry or business.....

12. Name..... **Anton Bode**  
 13. Birthplace..... **Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name..... **Anna Behrman**  
 15. Birthplace..... **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Albert Bode**  
 (b) Address..... **5038 Bannock Ave**

17. (a) ..... **Cremation** (b) Date thereof..... **8-15-1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **Missouri Crematory**

18. (a) Signature of funeral director..... **Regentien Bros**  
 (b) Address..... **6409 Grayols Ave**

19. (a) **AUG 15 1947** (b) **J. F. Probst**  
 (Date received for registration) (Registrar's signature)

Major findings:  
 Of operations.....  
 Of autopsy.....

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..... **John D. H.** (M. D. or other)  
 Address..... **3549 Duane** Date signed..... **8/14/47**

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

MOTHER FATHER

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

*Homer W. Fitch*

Licensed Embalmer No.

*3882*

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.