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X47070

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

FILED DEC 22 1947

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
O'SULLIVAN NURSING HOME 3715 ST. ANNS LANE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 18 MONTHS
(Specify whether years, months or days)

In this community 18 MONTHS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MAY CORA BODE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife CORNELIUS L BODE

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

7. Birth date of deceased 12 28 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 11 6 hr. min.

9. Birthplace ST LOUIS MO Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

MOTHER FATHER { 12. Name JOAN O'DONNELL 4

13. Birthplace COUNTY CORK (IRELAND)
(City, town, or county) (State or foreign country)

14. Maiden name MARY A GALLAGHER

15. Birthplace COUNTY CORK (IRELAND)
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Luch Osborn

(b) Address 674 Woodside Webster Groves Mo

17. (a) Burial (b) Date thereof 12-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walshella Cemetery

18. (a) Signature of funeral director Webster Groves Funeral Home

(b) Address Webster Groves Mo

19. (a) 12-16-47 (b) Beatrice Sharp MO
(Date received local registrar) (Registrar's signature) (State)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 91

(c) City or town Webster Groves 19
(If outside city or town limits, write "RURAL")

(d) Street No. 674 Woodside Ave 4
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1947 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from January 6, 1947, to December 14, 1947, and that death occurred on the date and hour stated above.

I last saw her alive on December 13, 1947.

Immediate cause of death Cerebral thrombosis Duration 4 days

Due to —

Due to —

Other conditions Old rt. hemiplegia
(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? 0

(Specify type of place) (c) Means of injury —

While at work? —

23. Signature Lewis Luttman (M, D. or other) MD

Address 8231 Clayton Rd Date signed 12/15/47

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

Elmo R. Cadwell

Licensed Embalmer No. 4077

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.