

15355

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 27 1950

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 950
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Wellston)		c. LENGTH OF STAY (In this place) YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 4300	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6400 Lenox Avenue		d. STREET ADDRESS (If rural, give location) 6400 Lenox Avenue		
3. NAME OF DECEASED a. (First) SOPHIA (Type or Print)		b. (Middle) R.	c. (Last) BODEN	4. DATE OF DEATH (Month) (Day) (Year) April 11, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1882	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Hecker, Illinois	12. CITIZEN OF WHAT COUNTRY? America
13a. FATHER'S NAME Joseph Rettmeyer		13b. MOTHER'S MAIDEN NAME Elizabeth Parkinson	14. NAME OF HUSBAND OR WIFE Thomas A. Boden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas A. Boden, 6400 Lenox Avenue	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES DUE TO (b) General Arterio Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Diabetes & Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 260X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/8/50 7:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/4/50 , 19___, to 4/8/50 , 19___, that I last saw the deceased alive on 4/8/50 , 19___, and that death occurred at 2:45 A.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John A. Kozelma M.D.		23b. ADDRESS 6677 Scherer St.		23c. DATE SIGNED 4/17/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 4-12-50	REGISTRAR'S SIGNATURE Hubert P. Dronsky	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Avenue		

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Elmo R. Sadwell*

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.