

FILED APR 16 1953

STANDARD CERTIFICATE OF DEATH

State File No. 16511

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 958

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|--|-------------------------------|--|--|--|--|---|---|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u> | | c. LENGTH OF STAY (in this place) <u>5-wks.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2069</u> | | d. STREET ADDRESS (If rural, give location) <u>5301 Page Blvd.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> | | | b. (Middle) _____ | | c. (Last) <u>Bodden</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 31, 1953</u> | | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u> | | 8. DATE OF BIRTH <u>Oct. 7, 1952</u> | | 9. AGE (In years) (If under 1 year, specify months) (Days) <u>0</u> <u>3</u> <u>24</u> | IF UNDER 1 YEAR Hours _____ Mins. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Helen Bodden</u> | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>nil</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister Jane Frances, 5301 Page Blvd.</u> | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PNEUMONIA</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>344X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 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 <u>Feb. 24, 1953</u> , to <u>3-31, 1953</u> , that I last saw the deceased alive on <u>3-31, 1953</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Hedonahoe</u> | | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>6420 Clayton Rd</u> | | 23c. DATE SIGNED <u>4-1-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Apr. 2, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY. <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>4-2-53</u> | | REGISTRAR'S SIGNATURE <u>Hubert R. Donohue - M.D.</u> | | | FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u> | | ADDRESS <u>3840 Lindell Blvd.</u> | | |

(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 not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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

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