

FILED JAN 26 1954

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State File No.

Registrar's No. 0249

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. | | Registrar's No. 0249 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 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) OR TOWN <u>ST. LOUIS, MISSOURI</u> | | | c. LENGTH OF STAY (in this place) _____ | | | c. CITY OR TOWN <u>ST. LOUIS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>12 764 CLARA AVE 2129</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>MMN</u> c. (Last) <u>BODMER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 9, 1954</u> | | | | | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>JUNE 21, 1890</u> | | 9. AGE (In years last birthday) <u>63</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WOOD HEEL FITTER - BROWN SHOE CO.</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | | 14. NAME OF HUSBAND OR WIFE <u>SUSANNA BODMER</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES J. BODMER 764 CLARA AVE</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>SEPTAECIMIA, STAPHYLOCOCCUS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PNEUMONIA STAPHYLOCOCCUS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> <u>6 DAYS</u> | |
| 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? <u>490x</u> | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>1-5</u> , 1954, to <u>1-9</u> , 1954, that I last saw the deceased alive on <u>1-9</u> , 1954, and that death occurred at <u>11:35p.m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>FR Bradley</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>BARNES HOSPITAL</u> | | | | 23c. DATE SIGNED <u>1-10-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>JAN. 13 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>JAN 11 1954</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEGSHAUSER 4228 SPRINGSHIGHWAY</u> | | | | | | | |

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.....
Signature of Student Embalmer

Signed *Richard W. Stotesan*.....

Licensed Embalmer No. 40.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.