

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-041911

FILED DEC 12 1961 Primary Registration District No. _____ Registrar's No. 138 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PERRY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ALTENBURG Length of stay in 1b 1 DAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY _____ c. CITY OR TOWN ST. LOUIS, d. STREET ADDRESS (If outside, give location) 2346 VIRGINIA AVE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HUGO Middle _____ Last BODENSCHATZ			4. DATE OF DEATH Month DEC Day 3 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR 31, 1908	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) OLD APPLETON, MO	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME HENRY BODENSCHATZ		13b. MOTHER'S MAIDEN NAME LOUISE SCHMIDT		14. NAME OF HUSBAND OR WIFE ALMA SCHMIDT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT MRS ALMA BODENSCHATZ Address ST. LOUIS, MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 HOURS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____

21. I attended the deceased from 12-3-61 **to** 12-3-61 **and last saw** ^{her} **him** **alive on** 12-3-61
Death occurred at 3:15 P. **m on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) Theodore Fischer, M.D.		22b. ADDRESS Altensburg MO		22c. DATE SIGNED 12-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-4-61	23c. NAME OF CEMETERY OR CREMATORY ST. TRINITY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO	
24. FUNERAL DIRECTOR Young & Sons Perryville MO		25. DATE RECD. BY LOCAL REG. 12-4-61	26. REGISTRAR'S SIGNATURE Joel Joelner	

DATE AMENDED _____
 ITEM NO. _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____
 MEDICAL CERTIFICATION _____
 DOCUMENT _____
 INSTEAD OF _____

JAN 5 1962

DEC 13 1951

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.