MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
3212

1. PLACE OF DEATH

County..... Registration District No. 791 File No. .....

Township..... Primary Registration District No. 1003 Registered No. 836

City St Louis (No. Mo Baptist Sanitarium St. ..... Ward)

2. FULL NAME Caroline Bode

(a) Residence. No. 6362 Alamo Ave St., 12 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Bode

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work St Home 122A
(b) General nature of industry, business, or establishment in which employed (or employer) NIL
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Lawrence Hafter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Alsas Lorraine

12. MAIDEN NAME OF MOTHER Elizabeth Schute

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Alsas Lorraine

14. INFORMANT William Bode
(Address) 6362 Alamo

15. FILED JAN 23 1928, 19..... Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21st 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1927 to Jan 21st, 1928 that I last saw h.. alive on Jan 21st, 1928, and that death occurred, on the date stated above, at 11:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Oedema of Lung due to Chr. Bronchitis non Tubercular

17 mos (duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (SECONDARY) Hemorrhoids Arteriosclerosis + Rectal Stricture

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 6362 Alamo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 4/28
WAS THERE AN AUTOPSY? No Recover
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry H Imes, M. D
1/23, 1928 (Address) 4903 Delmar

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethania — DATE OF BURIAL 1-24 1928

20. UNDERTAKER Arthur J Donnelly — ADDRESS 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

9—10 cm