

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

Do not use this space.

7304

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St Louis (No. 3921 S Broadway)  
 Registered No. **2281** St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Dorothy M. Bodimer   
 (a) Residence No. \_\_\_\_\_ St. 24 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>2. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> <u>Single</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>April June 18 1924</u>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
	<u>3</u>	<u>8</u>
		<b>9</b>
		<b>9</b>
		<b>9</b>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work artist

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** St Louis  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** Fredrick Bodimer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Suffolk N Y.  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Elena Robitsh

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** St Louis  
 (STATE OR COUNTRY)

**14. INFORMANT** Fredrick Bodimer  
 (Address) 3921 S Broadway

**15. MAR - 1 1923**  
 Filed May 6 Starkoff  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

**2**  
**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 27 1928

**17. I HEREBY CERTIFY**, That I attended deceased from Feb 18 1928, to Feb 27 1928, and that I last saw him alive on Feb 27 1928, and that death occurred, on the date stated above, at 5:30 p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute articular rheumatism  
510 F  
51 W 91 A  
 (duration) yrs. mos. 9 da.

**CONTRIBUTORY (SECONDARY)** Endocarditis acute  
 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

**8** DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Chas E V Stewart M. D.  
Feb 28 1928 (Address) 3860 S Broadway

\*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** Concordia  
 DATE OF BURIAL Mar 1 1928

**20. UNDERTAKER** Theo H. Bidmerman  
 ADDRESS 1436 W. Lead St

X. 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

