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

Do not use this space.

7867

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 16033 B — Registered No. 73
City Vinita park Mo. 8314 Washington Ave. St. Ward)

2. FULL NAME Amalia M. Bode
(a) Residence. No. 8314 Washington Ave. St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8, 1847.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	2	17	

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

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

PARENTS
10. NAME OF FATHER Henry Bode
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Schaude
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. J. M. Buechler
(Address) 8314 Washington Ave.

15. FILED 2/28, 1929 Rolla Bracy M. D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1929 to Feb. 25, 1929 that I last saw her alive on Feb. 25, 1929, and that death occurred, on the date stated above, at 5.30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
131
82A (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Brights Disease (hepatic)
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clin & Lab
(Signed) Leo J. Rice, M. D.
2/27, 1929 (Address) 8105 Page Blvd.

*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: Calvary Cem.
DATE OF BURIAL: Feb. 28, 1929.

20. UNDERTAKER: Jos. W. Clark
ADDRESS: 1120 Hodiamont Ave.

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.

MAR 27 1929

THIS IS A PERMANENT RECORD

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7 to 7 pm.