

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30877

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **De Paul Hospital**)

File No.
Registered No. **8140**
St. Ward)

2. FULL NAME

(a) Residence, No. **Master Joseph Bodefeld**
(Usual place of abode) **Clum Rd near Spanish Lake Ward. NR** (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **—**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-8-34** 19

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

22. I HEREBY CERTIFY, That I attended deceased from **8-8-34 10:00 A.M.** to **8-8-34 11:30 A.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 25th 1927**

I last saw him alive on **8-8-34** 19. Death is said to have occurred on the date stated above, at **11:30** m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min.
6 11 14

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Pho-coelitis of three weeks duration
120B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

Other contributory causes of importance:
120V

13. NAME **Joseph Bodefeld**

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

What test confirmed diagnosis?..... Was there an autopsy? **no**

15. MAIDEN NAME **Anna Susan Blume**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) **Joseph Bodefeld**

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellevue** DATE **Aug 10th 1934**

Nature of injury.....

19. UNDERTAKER (ADDRESS) **Edward Koch**

24. Was disease or injury in any way related to occupation of deceased? **no**

20. FILED **16-9 1934** **J. F. Bredbeck** Registrar.

If so, specify (Signed) **F. M. Consero, M. D.** (Address) **De Paul Hosp.**

(F. M. Consero)

