

JBL 27 1936

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

Do not use this space.

24131

1. PLACE OF DEATH
County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City St. Louis (No. 1905 North & South Rd. St. Ward)

2. FULL NAME Louise M. Bode
(a) Residence, No. 1905 North & South Rd. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Henry J. Bode</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1861</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>0</u>	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>Charles Rossway</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) <u> </u>			
	15. MAIDEN NAME <u>Katherine Your</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>			
	17. INFORMANT <u>Mrs Leonora Bode</u> (ADDRESS) <u>1905 North & South Rd.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>6-15</u> 19 <u>36</u>				
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4725 So. Kingshighway</u>				
20. FILED <u>6-15</u> 19 <u>36</u> <u>W. Baehner</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 13, 1936
I last saw her alive on July 3, 1936 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic heart disease (myocarditis)
Coronary sclerosis
Edema of lungs
Date of onset

Other contributory causes of importance: 93 C

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William B. Kuntz, M. D.
(Address) 2619 Luray Ct

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

4 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.

1030M-3-2E-35

