DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38406

State File No. 10245

Registration District No. 201 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH: 1003

(a) County 1

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 4 hrs. (Specify whether years, months or days) In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Lemay, Missouri NR (If outside city or town limits, write "RURAL")

(d) Street No. 109 E. Velma ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ada Bode 30-0

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred H. Bode

6. (c) Age of husband or wife if alive 49 yrs. years

7. Birth date of deceased Setember 4 (Month) 1899 (Day) (Year)

8. AGE: Years 40 Months 2 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home 0

11. Industry or business

FATHER
12. Name William Buck 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Frances Hohmann
15. Birthplace Rock Island (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Fred H Bode

(b) Address 109 E. Velma-ave. Lemay, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director C. Hoffmeister N.L.Co.

(b) Address 7814 S. Broadway

19. (a) NOV 30 1939 (Date received local registrar) J. F. Baldeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1939 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 26 1939, to Nov 28 1939; that I last saw her alive on Nov 28 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	4 days
Due to	
Due to Cirrhosis of Liver Confirmed by Autopsy	2 years
Other conditions Menopause (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward C. Beck (M. D. or other)

Address 9468 & 5229 S. Broadway Date signed Nov 30/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 3-17-39 1 X19511

Dr Beck

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Jersey

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.