

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36421

State File No. _____

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1931

1. PLACE OF DEATH:

(a) County MO St. Louis
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2127 CAMBRIDGE ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME SIMON. A. BODEKER.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-034645

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife MARGARET YAEGER 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased SEPT. 4TH 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 8 If less than one day hr. _____ min. _____

9. Birthplace MO (City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business SLICO IRON STORE Co.

12. Name BERNARD. BODEKER.

13. Birthplace MO. (City, town, or county) (State or foreign country)

14. Maiden name THERESA SCHRABTMEYER.

15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Bodeker

(b) Address 2127 CAMBRIDGE ST.

17. (a) BURIAL (b) Date thereof 10-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. M. Mullen

(b) Address 5165 DELMAR BLVD.

19. (a) OCT 13 1940 (b) L. K. Mullen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2127 CAMBRIDGE ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1940 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from July 12 to Dec 11 1940 that I last saw him alive on Dec 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma Duration 8mo

Due to _____

Due to 112

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Chas. E. Gramann (M. D. or other) 12/14/40

Address 634 N. Grand Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

C. EYERMAN
MOT. TBLDR.
JE 5191

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.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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, fact should be so stated above.