

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26919

State File No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 17 1941  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6711

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
No. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)  
In this community 62 years  
(years, months or days)

3. (a) PRINT FULL NAME William Bode  
3. (b) If veteran, name war \*\*\*  
3. (c) Social Security No. \*\*\*

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Ida Reinhardt Bode  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 16 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation Cabinet Maker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant: Harry C. Bode

(b) Address 1130 Childress

17. (a) Burial (b) Date thereof August 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Beidervieden Funl Home Inc  
(b) Address 1936 St. Louis Ave

19. (a) AUG 18 1941 (b) J. H. Bedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1823 Laflin Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15<sup>th</sup>  
year 1941 hour 3:00 minute \_\_\_\_\_ P \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 28  
1940 to Aug. 15 1941  
that I last saw him alive on Aug. 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach  
(lesser curvature)  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to Arteriosclerosis  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Ca of stomach  
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 H. F. Bergmann (M. D. or other) Ch D.  
Address 3220 W. Washington Date signed 8/16/41

**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.....

*Alb. Jarness*

....., Registered Apprentice No. *293*

working under my personal supervision.

Signed.....

*[Signature]*

Licensed Embalmer No. *37237*

P. O. Address..... *1936 G. Jones*

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

**If this body is not embalmed, fact should be so stated above.**