

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1944
Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3066

State File No. 25180
Registrar's No. 2311

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood (22) Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
910 E. Argonne Dr
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 years years, months or days)

3. (a) PRINT FULL NAME Alice Hanna Bode
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 Hans Bode
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased December 29 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Peachbottom Penn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Benj. Hanna
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hans Bode
(b) Address 910 E. Argonne Dr Kirkwood, Mo
17. (a) Burial (b) Date thereof 10/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves, (19) Mo.
19. (a) OCT 31 1944 (b) E. J. McLaughlin, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 91
(c) City or town Kirkwood (22)
(If outside city or town limits, write "RURAL")
(d) Street No. 910 E. Argonne Dr
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 28
year 1944 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1941 to Oct 28 1944
that I last saw him alive on Oct 28 1944
and that death occurred on the date and hour stated above

Immediate cause of death bronchial pneumonia Dying
Pangloss Agitation 10 yr
Aster Sclerosis 10 yr
Hypertension Chr 10 yr
My peritonism 10 yr
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 13195

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?
While at work? _____ (Specify type of place) Means of injury _____
23. Signature Carl E. Duck (M. D. or other) M.D.
Address Webster Groves, Mo Date signed 10-30-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9643
M. J. Grech 227 E. Lockwood

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 M. Meyer*.....

Licensed Embalmer No. *3288*.....

P. O. Address *Bickelmead (22) Md.*.....

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.