. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10568

FILED APR 8 1948

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 3169

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: 3931a N. Taylor Ave. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NIL (Specify whether

In this community 76-10-3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 170
(If outside city or town limits, write "RURAL")

(d) Street No. 4320 Obear Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Margareth Boedeker.

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Fred Bodeker

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

7. Birth date of deceased May (Month) 21st (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	3	hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Bauer
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Anna Roth
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Ruby Bodeker
(b) Address 4320 Obear Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Suedmeyer & Sons.
(b) Address 3934 N. 20th. St.

19. (a) MAR 25 1947 (Date received local registrar) (b) J. F. Bodeker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th. year 1947 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from July 13, 1945, to March 24, 1947 that I last saw her alive on Mar 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

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 0

23. Signature Henry C. Westerman (M.D. or other) M.D.
Address 2136 East Grand Ave Date signed 3-25-47

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.