

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

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION 207a Sidney

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Louis 2239
 d. STREET ADDRESS (If rural, give location) 207 A Sidney Street

3. NAME OF DECEASED (Type or Print)
 a. (First) Hugo b. (Middle) Edward c. (Last) Bode

4. DATE OF DEATH (Month) (Day) (Year)
 Jan. 8, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 15, 1883

9. AGE (In years last birthday) 67
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bottler

10b. KIND OF BUSINESS OR INDUSTRY Brewery

11. BIRTHPLACE (State or foreign country) Belleville, Illinois

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Peter Bode

13b. MOTHER'S MAIDEN NAME Katherine Schaefer

14. NAME OF HUSBAND OR WIFE Mary Bode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. 493-09-0841A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Bode 211a St. George St.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Coronary Occlusion
 DUE TO (c) Coronary Sclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? H201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 1/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 11, 1951

24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL RES. JAN 10 1951

REGISTRAR'S SIGNATURE _____

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd.

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *J. Allen Davis*
Licensed Embalmer No. *17053*
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.