

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7362

FILED FEB 25 1953

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

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1354**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1354</b>	
<b>I. PLACE OF DEATH</b> a. COUNTY _____				<b>2 USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>			c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>			2189
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>18 4393 "A" Donovan Place</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) _____		c. (Last) <b>Bode</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 4, 1953</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 5</b>		8. DATE OF BIRTH <b>11-7-1871</b>		9. AGE (In years last birthday) <b>81</b>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>Nat.</b>	
13a. FATHER'S NAME <b>Henry Kellner</b>			13b. MOTHER'S MAIDEN NAME <b>Frieda (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Fred Bode (Divorced)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wilma Kessler 3540 "A" Lawn Ave St. Louis,</b>			
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.		<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Brain Sy. Home care. E.C.A.S.</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>355X</b>			
22. I hereby certify that I attended the deceased from <b>12-13-52</b> , to <b>2-4-53</b> , 19____, that I last saw the deceased alive on <b>2-4-53</b> , 19____, and that death occurred at <b>6:00A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Herman J. G. Shaw M.D.</b>				23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>2-4-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-6-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>FEB 4 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. HOFFMEISTER COLONIAL MORTUARY</b>			

(Licensed Embalmer's Statement on Form 50) **Shippewa St Louis, Missouri**

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

300  
48

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schmecker

Licensed Embalmer No. 2679

P. O. Address 7074 S. Broadway

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.