

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32930**  
Registrar's No. **8478**

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8478</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (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 OR TOWN <b>ST. LOUIS Mo</b> )		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ENROUTE CITY Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>2169 16 3232 MICHIGAN</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MILTON</b> b. (Middle) _____ c. (Last) <b>BODIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 29 1953</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCT. 14 1911</b>	
9. AGE (In years last birthday) <b>41</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOD CARRIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>W. EHLEN CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>FRED BODIN</b>		13b. MOTHER'S MAIDEN NAME <b>HILDUR GREEN</b>		14. NAME OF HUSBAND OR WIFE <b>LORRAINE BODIN</b>	
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. <b>330-09-6209</b>		17. INFORMANT'S SIGNATURE OR NAME <b>LORRAINE BODIN</b> ADDRESS <b>3232 MICHIGAN</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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>traumatisation from stab. wound of the liver and</b>				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES <b>morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>				DUPLICATE <b>Robert Stewart in</b>			
II. OTHER SIGNIFICANT CONDITIONS <b>labeled at 3350 Ohio St.</b>				DUPLICATE <b>about 1000 pm Aug 29</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>1953</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <b>labeled</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>		21f. HOW DID INJURY OCCUR? <b>E982X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 29 53 10<sup>00</sup></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
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 <b>11:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (In full name or title) <b>Patrick L Taylor Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>9.1.53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Sept. 2 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>	
DATE REC'D BY LOCAL REG. <b>SEP 1 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b> ADDRESS <b>2906 Gravois</b>			

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

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.....  
Signature of Student Embalmer

Signed *Leo J. Budde*

Licensed Embalmer No. *398*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.