

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1954

State File No. **13465**  
Registrar's No. **3565**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Belle Ridge</b> <sup>4 19 10</sup> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>3304 Carson Rd.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>C.</b> c. (Last) <b>Godar</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 19, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 26, 1897</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>International shoe</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Altenberg, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Fritz Bodenschatz</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Elon K. Godar</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-03-5205</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elon K. Godar, 3304 Carson Rd.</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>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: <b>hypertension</b> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>6 mo.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Broncho-pneumonia</b>	III. OTHER SIGNIFICANT CONDITIONS <b>4 days</b>				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331 X</b>		
21d. TIME (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>April 19, 1954</b> , to <b>April 19, 1954</b> , that I last saw the deceased alive on <b>April 19, 1954</b> , and that death occurred at <b>3:00 A.M.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE OF PHYSICIAN (Degree or title) <b>M. A. Sullivan MD</b>			23b. ADDRESS <b>8920 St. Charles Rd.</b>		23c. DATE SIGNED <b>4/19/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-21-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Jerseyville, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>APR 20 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</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 *John S. Henrich*.....

Licensed Embalmer No. *711*.....

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.