

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY 81208	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN E. St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 28 day		e. STREET ADDRESS (If rural, give location) 2028 North 21st Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific - Hosp. Assn			

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Edward	c. (Last) Godsil-Sr.	4. DATE OF DEATH (Month) (Day) (Year) Dec 18 '54
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 2 Sep. 20, 1878
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY R.R. Conductor	11. BIRTHPLACE (City and State of Foreign Country) County Cork - Ireland	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Bodiel	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND Mrs. Mary Bodiel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE OF NAME James E. Bodiel - St. Louis	18. ADDRESS 2028 North 21st Street
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease due to senility.		
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (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 4200
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22. I hereby certify that I attended the deceased from Nov. 20, 1954, to Dec. 18, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 10:12 Am., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS St. Louis Mo	23c. DATE SIGNED 12-18-54
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24a. BURIAL PERMITS REMOVAL (Specify)	24b. DATE 12-18-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) Bellefonte - Ill.; St. Louis
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DATE REC'D BY LOCAL REG. DEC 20 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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WRITE PLAINLY—USING UNFADEING 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. *EMO* working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ben H. Baldwin*.....

Licensed Embalmer No. *242*.....

P. O. Address *I. 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.