

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9370

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2477

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9370		Registrar's No. 2477					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town) St Louis			c. LENGTH OF STAY in this place 2 days		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION 3700 So Main St.				STREET ADDRESS (If rural, give location) 3700 So. Main 24									
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin			b. (Middle) Albert			c. (Last) Bodimer Sr.			4. DATE OF DEATH (Month) (Day) (Year) Mar. 17, 1955				
5. SEX male <input checked="" type="radio"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Oct 10, 1898		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME George Bodimer				13b. MOTHER'S MAIDEN NAME Amelia Knoblock				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes				16. SOCIAL SECURITY NO. WW-1 & WW-2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benjamin Bodimer Jr 802 Ann							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion						INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Cardiac Hypertrophy											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
		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"/>					
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343									
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 2051 a.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Patrick J. Taylor, Coroner				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 3.18.55.					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/21/55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo.							
DATE REC'D BY LOCAL REG. MAR 18 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois							

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 *Harold E. Berry*.....

Licensed Embalmer No. *486*.....

P. O. Address *7027 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.