

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27465
Registrar's No. 7394

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a: STATE Missouri b. COUNTY St. Louis				
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2500 So. 18th Little Flower Home		e. STREET ADDRESS (If rural, give location) 14 5038 Bancroft Ave 2149				
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Bode c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 8-22-1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-23-1877	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Anton Bode		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Gertrude Paula Bode		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Gertrude Paula Bode		ADDRESS 5038 Bancroft Ave				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disease of Coronary Vessel ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr + 1 1/2 hr + 1 1/2 hr +	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 420.1		
22. I hereby certify that I attended the deceased from 6/1, 1955, to 8/22, 1955, that I last saw the deceased alive on 8/19, 1955, and that death occurred at 9-7 A.M., from the causes and on the date stated above.						
23a. SIGNATURE Arthur J. Smith M.D.		23b. ADDRESS 5203 Cluffere Dr		23c. DATE SIGNED 8/22/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 8-24-1955		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		
24d. LOCATION (City, town, or county) (State) 3211 Sublette Ave Mo		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith M.D. Ziegenhain Bros		ADDRESS 6409 Gravois Ave		
DATE REC'D BY LOCAL REG. AUG 24 1955		REGISTRAR'S SIGNATURE mbs (Licensed Embalmer's Statement on Reverse Side)				

WRITE PLAINLY—USING 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..... *James M. Simon*

Licensed Embalmer No..... *43*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.