

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1957

41763  
STATE FILE NUMBER  
11208  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

|   |                        |   |   |
|---|------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |                        | c. CITY OR TOWN St. Louis   |   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION 738 Thrush Avenue   |                        | Length of stay in lb 1 year 208   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>JOHN EDWARD BODE   |                        | 4. DATE OF DEATH<br>Month Day Year<br>November 22, 1957   |   |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 27, 1889  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired  |                        | 10b. KIND OF BUSINESS OR INDUSTRY<br>Union Electric Co.   |   |
| 11. BIRTHPLACE (City and state or country)<br>St. Louis, Missouri   |                        | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |   |
| 13a. FATHER'S NAME<br>John Edward Bode Sr.  |                        | 13b. MOTHER'S MAIDEN NAME<br>Emma Schrick   |   |
| 14. NAME OF HUSBAND OR WIFE<br>Pearl Bode   |                        | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No.   |   |
| 16. SOCIAL SECURITY NO.<br>Unknown  |                        | 17. INFORMANT<br>Mrs. Pearl Bode 738 Thrush Avenue  |   |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic</u><br><u>Heart Disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) <u>Arteriosclerosis</u> |                        |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>420.0  |                        |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                        | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                        |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                        | 20e. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20f. CITY, TOWN, OR LOCATION  |                        | COUNTY STATE  |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                        |   |   |
| 22a. SIGNATURE<br><u>Robert E. Jayson</u> (Degree of title)   |                        | 22b. ADDRESS<br><u>300 Clark</u>  |   |
| 22c. DATE SIGNED<br><u>11/22/57</u>   |                        |   |   |
| 23a. BURIAL, CREMATION, REMOVAL<br>Removal  |                        | 23b. DATE<br>Nov. 25, 1957  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br>Valhalla Crematory  |                        | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County, Missouri   |   |
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc. 2161 E. Fair   |                        | 25. DATE RECD. BY LOCAL REG.<br>NOV 22 57   |   |
| 26. REGISTRAR'S SIGNATURE<br><u>J. Cecil Smith MO</u><br>mcb  |                        |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Alfred W. Katz* .....

Licensed Embalmer No. *3737* .....

P. O. Address *St. Louis, Mo.* .....

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.