

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007794

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

2198

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 28 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION **DePaul Hospital**

Inside Limits
Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY OR TOWN

Jennings

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)

5660 Apricot Ave.

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

WILLIAM

T.

BODECKER

Feb.

21

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH

1-4-1913

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Doughnut Distributor-Self Employed

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George H. Bodecker

13b. MOTHER'S MAIDEN NAME

Emma Roberson

14. NAME OF HUSBAND OR WIFE

Viola P. Bodecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

17. INFORMANT

Address

Viola P. Bodecker 5660 Apricot Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ant sclerotic coronary art. dis

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9-24-59 to **2-21-62** and last saw ^{her} _{him} alive on **2-21-62**

Death occurred at **10:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Wayne D. Goola M.D.

(Degree or title)

22b. ADDRESS

100 No Euclid

22c. DATE SIGNED

2-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Feb. 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

Kriegshauser 4228 S. Kingshighway Blvd.

ADDRESS

25. DATE RECD. BY LOCAL REG.

FEB 23 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

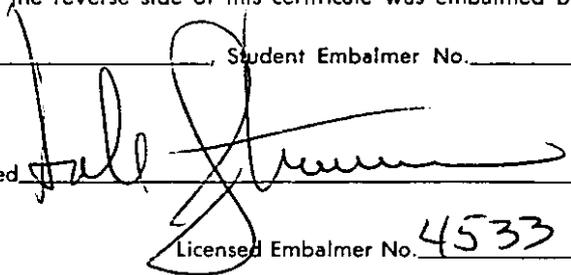
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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  _____
Licensed Embalmer No. 4533

P. O. Address _____

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.