

Registration Dist. No. 22A STATE OF SOUTH CAROLINA BOARD OF HEALTH

Registrar's No. _____ **CERTIFICATE OF DEATH** BOOK 1161 PAGE 742

Birth No. _____ DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1 Ida Hedrich BODE Female July 22, 1975

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White AGE—LAST BIRTHDAY (YEARS) 95 UNDER 1 YEAR DATE UNDER 1 DAY UNDER 1 HOUR DATE DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 7, 1880 COUNTY OF DEATH Greenville

CITY, TOWN, OR LOCATION OF DEATH Greenville INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Resthaven Geriatric Center

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Illinois USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)

SOCIAL SECURITY NUMBER 328-32-7244 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Ret'd - Millinery, and with Treasury Dept. KIND OF BUSINESS OR INDUSTRY

RESIDENCE—STATE S. C. COUNTY Greenville CITY, TOWN, OR LOCATION Greenville INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes STREET AND NUMBER 405 McDonald St.

FATHER—NAME FIRST MIDDLE LAST MOTHER—MARRIAGE NAME FIRST MIDDLE LAST

Louis F. Hedrich Augusta Neunuebel

INFORMANT—NAME Mr. and Mrs. Archie R. Stubbs MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 405 McDonald St., Greenville, S. C.

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) Cerebrovascular Hemorrhage APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH 3 hours

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) _____

(c) _____

PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) _____ DATE OF INJURY (MONTH, DAY, YEAR) _____ HOUR _____ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I (a) OR PART II, ITEM 18)

INJURY AT WORK (SPECIFY YES OR NO) _____ PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE B.O.G., ETC. (SPECIFY) _____ LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFICATION— MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DO NOT SEE THE BODY AFTER DEATH DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED

7/22/75 TO 7/22/75 7/22/75 9:50pm

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (TYPE OR PRINT) DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

J. B. Bryson J. B. Bryson _____ 7/24/75

MARRIAGE ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

7 Mulford St Greenville SC 29601

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

Burial St. Lucas Cemetery Chicago, Illinois

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

July 25, 1975 The Mackey Mortuary, Box 55, Greenville, SC 29602

FUNERAL DEPOSIT—SIGNATURE (TYPE OR PRINT) DATE RECEIVED BY LOCAL REGISTRAR

A. Hales Hamann Funeral Home, Chicago, Ill July 28, 1975

SBH-670—REV. 1968 250M
 James M. Wheeler
 1211
 EMBALMER SIGNATURE
 LICENSE NO.

Signed, Sealed and Delivered
in the Presence of:

[Signature]

Lynda B. Mayfield

STATE OF SOUTH CAROLINA)
 :
 COUNTY OF GREENVILLE)

PERSONALLY appeared before me Vance B. Drawdy and made oath that he saw the within named Marion H. Stubbs sign, seal and as her act and deed deliver the within Affidavit and that he with Lynda B. Mayfield witnessed the execution thereof.

SWORN TO BEFORE ME THIS
 _____ day of January, 1982

Lynda B. Mayfield
 Notary Public for South Carolina
 My Commission Expires: 10/29/90

[Signature]
 Vance B. Drawdy

4328 RV-2