

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

28546

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **Mo.** Baptist Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **8077**

**2. FULL NAME Peter Rodenhauer**

(a) Residence, **No. 1310 S. 9th Street**, St. **23** Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Male	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)</b> Married
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> Louisa Rodenhauer		
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> January 26, 1870		
<b>7. AGE</b>	<b>YEARS</b> 57	<b>MONTHS</b> 7
	<b>DAYS</b> 14	<b>IF LESS than 1 day, hrs. or min.</b>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Merchant (Retired)**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Soft Drink Parlor**  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany**

**10. NAME OF FATHER** Phillip Rodenhauer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**  
 (STATE OR COUNTRY) **Germany**

**12. MAIDEN NAME OF MOTHER** Elizabeth (Unknown)

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**  
 (STATE OR COUNTRY) **Germany**

**14. INFORMANT** *Louisa Rodenhauer*  
 (Address) *1310 S 9th Street*

**15. FILED** *SEP 12 1927* *Max C. Dancy* REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** September 10<sup>19</sup> 27

**17. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death occurred, on the date stated above, at: **8:45 A.** m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**  
**Amphagus Carcinoma**  
*444*  
*93A*  
*acute* (duration) yrs. **3** mos. ds.  
**CONTRIBUTORY** *Molarditis following*  
*Operation for cancer* (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH, **1310 S 9th**

**1. DID AN OPERATION PRECEDE DEATH?** *Yes* DATE OF **8-29-27**

**2. WAS THERE AN AUTOPSY?** *No*

**WHAT TEST CONFIRMED DIAGNOSIS?** *Traps*  
 (Signed) *W. J. Safford*, M. D.  
 , 1927 (Address) *1419 S 7th*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **DATE OF BURIAL**  
**New St. Marcus** **Sept. 13 19 27**

**20. UNDERTAKER** **ADDRESS**  
*Wacker-Heldub* *3331 S. Bradley*

N. E. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1419 S. 7<sup>th</sup> Street