

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1905

City St. Louis (No. City)

File No. 18406

Registered No. 4881

St. 4881 Ward)

2. FULL NAME

(a) Residence, No. 4550 7th Market Ward. 11
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvin Rodiere

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1860

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or mla. 73 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carleton France

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Harvey M. Keefe

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE 5-15-1934

19. UNDERTAKER (ADDRESS) Wacker - Helder

20. FILED MAY 14 1934 J. H. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/11 1934 to 5/12 1934

I last saw him alive on 5/12 1934. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic heart. Atherosclerosis. Myocarditis. Cardiac decompensation.

Other contributory causes of importance: None

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. H. Bredeck, M. D.

(Address) City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

MAY 19 1934

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