

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

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937

791

3297
233

96
30
9
County..... Registration District No.
Township..... Primary Registration District No.
City..... St. Louis, Mo. (No. 4135 Grove Street) 1003
St. Ward)

2. FULL NAME

Wilhelmina Rodegast

(a) Residence, No. 4135 Grove Street, St. 10 Ward. 1
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Herman G. Rodegast
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3rd, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 29

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2nd, 1937
22. I HEREBY CERTIFY That I attended deceased from December 21st, 1936, to January 2nd, 1937.
I last saw her alive on January 1st, 1937. Death is said to have occurred on the date stated above, at 4:20 m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 230
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Chronic Interstitial Nephritis
Other contributory causes of importance: Uraemia
Date of onset Dec 11th 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER FATHER
13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Reinhold Rodegast
(ADDRESS) 4135 Grove Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 5th 1937

19. UNDERTAKER My Guiding Hand Co.
(ADDRESS) 1417 N. Market St.

20. FILED 6 1937 J. Bredeck
Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?.....

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 of injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Frederick M. Holtzhaus, M. D.
(Address) 1304 A Bentler

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.

Handwritten text at the top right, possibly a name or title.

18.4.1907