

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.

14 MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway Registration District No. 105  
Township St. Andrew Primary Registration District No. 5254  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 5305  
Registered No. 6

2. FULL NAME

Emma M. Rodewald  
(s) Residence, No. R.F.C. Fulton St. \_\_\_\_\_ 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

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. W. Rodewald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 19, 1866</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>0</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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 _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1937, to 2-10, 1937  
I last saw her alive on 2-10, 1937 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Bronchitis Pneumonia Date of onset 2-7-37

Other contributory causes of importance: 1070

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. O. Payne, M. D.  
(Address) R. F. C. Fulton

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

FATHER

13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) D. K.  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) D. K.  
(STATE OR COUNTRY)

17. INFORMANT Leo G. Wallace  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Trans-Southern cemetery DATE Feb 12, 1937

19. UNDERTAKER Leo G. Wallace  
(ADDRESS) St. Louis 910.

20. FILED Feb 10, 1937 W. H. Williamson  
Registrar.

