

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.

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

DEC 12 1938

37993

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **Missouri Baptist Hospital** St. **10320**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **351** John C. Rodenberg

(a) Residence, No. **3225** St. **10** **St. Louis, Ave.** St. **10**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **ma rried**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Rodenberg**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 6, 1862**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **retail furniture**
 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) **Nov. 27, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Nov 10** 19**38** to **Nov 27** 19**38**
 I last saw him alive on **Nov 27** 19**38** Death is said to have occurred on the date stated above, at **8 P** m.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Other contributory causes of importance:

Pericarditis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) **Vandalia** (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Charles Rodenberg**

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

MOTHER 15. MAIDEN NAME **Anna Walters**

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

17. INFORMANT **Edmund A. Rodenberg** (ADDRESS) **3225 St. Louis, Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zion's** DATE **Nov, 30** 19**38**

19. FUNERAL DIRECTOR **A. Iron L. U. Co.** (ADDRESS) **2707 North Grand St.**

20. FILED **NOV 29 1938** **J. P. Bredeck** Local Registrar.

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 **A. A. Thomson** (Signed) **A. A. Thomson** M. D.

(Address) **3121 N Grand**

STATEMENT BY LICENSED EMBALMER

I, Paul Krollenberg, Licensed Embalmer No. 2631
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Paul Krollenberg
Licensed Embalmer No. 2631

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)