

MAR 17 1939

135 APR 7 1939

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

12250  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 20  
(c) City Gardenville (d) Street No. 4747 Seibert Ave. St.  
(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 Minnie Rode  
(a) Residence, No. 4747 Seibert Ave. St.   
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John William Rode</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19, 1860</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>25</u> <sup>nd</sup>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Affton, Mo.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Henry Breihan</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Mrs. Henry Waelke</u> (ADDRESS) <u>4747 Seibert</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Trinity</u> DATE <u>March 17, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>John L. Ziegenhein &amp; Sons</u> (ADDRESS) <u>7027 Gravois Ave.</u>				
20. FILED <u>MAR 17 1939</u> <u>A. R. Meyer</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>March 15, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>May 10, 1928</u> to <u>Mar 15, 1939</u> I last saw him alive on <u>March 13, 1929</u> . Death is said to have occurred on the date stated above, at <u>12:20 a.m.</u> The principal cause of death and related causes of importance were as follows:	
<u>Cerebral hemorrhage</u>	Date of onset <u>3/14/39</u>
<u>arterio-sclerosis</u>	<u>1928</u>
<u>chronic colitis</u>	<u>1928</u>
Other contributory causes of importance: <u>of the</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>No.</u>
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? <u>No.</u> If so, specify	
(Signed) <u>Andrew Youngman</u> M. D.	(Address) <u>4602 Gravois St. Louis</u>

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

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.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clarence P. Redwell

Licensed Embalmer No. 3877

P. O. Address 6937<sup>a</sup> Travis

**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.)**

**If this body is not embalmed, above space should be left blank.**