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.

REC'D JUL 11 1939

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

Do not use this space.

File No. 21667

Registered No.

1. PLACE OF DEATH
County Butler
Township Gillis Bluff
City Quilmes R.1 (No. , St. Ward)

Registration District No. 92
Primary Registration District No. 5137

12 2

2. FULL NAME 343 Albert J. Rodewald

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Edna L. Rodewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1871.

7. AGE: YEARS 67 | MONTHS 5 | DAYS 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sept. 1937
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frona, Mo. 0

FATHER
13. NAME Fred Rodewald 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs. Edna L. Rodewald Qulin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Qulin DATE July 5 1939

19. UNDERTAKER (ADDRESS) J. C. Fox Holcomb, Mo.

20. FILED 7-10 1939 Aoma Neutrup 92
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1937, to July 3rd, 1939
I last saw him alive on June 27 1939. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Live — Date of onset 6/5/39

45

Other contributory causes of importance:
Carcinoma (check) Removed at Barnard Skin Cancer Hosp about 8 years ago. Another 2 yrs ago

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 or injury in any way related to occupation of deceased?
If so, specify
(Signed) John D. Van Leeuwen, M. D.
(Address) Malden Mo