

No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12843

State File No. _____

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3045

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4523a Ashland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Frederick Arthur Rode. 300

8. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced, Separate

6. (b) Name of husband or wife Bertha Rode. 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased August 14 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 7 17 hr. min.

9. Birthplace St. Louis Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed.

11. Industry or business _____

MOTHER FATHER { 12. Name August Rode.
18. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Lucetta Mueller.
15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Rode.
(b) Address 4523a Ashland Ave.

17. (a) Burial (b) Date thereof 4-3-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director H. Lidner and Co.
(b) Address 1417N. Market St.

19. (a) APR 2 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. 10
(If outside city or town limit, write "RURAL")
(d) Street No. 4523a Ashland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31st
year 1940 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to Arterio Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph M. Lidner (M.D. or other) _____
Address 1417 N. Market St. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Romer L. Pender

Licensed Embalmer No. 3367

P. O. Address 223 St. Louis

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.