

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.

Registration District No. 784 Primary Registration District No. 105

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town GLENDALE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
440 NORTH SAPPINGTON /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 21 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town GLENDALE
(If outside city or town limits, write "RURAL")
(d) Street No. 440 NORTH SAPPINGTON RD.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME FRANK JOSEPH RODMAN
(b) If veteran, name war NO
(c) Social Security No. A497-09-006

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 23
year 1941 hour 4:35 minute 8 M.
21. I hereby certify that I attended the deceased from June 1, 1939
1939 to Feb 23 1941;

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife VARINA RODMAN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY-26-1877
(Month) (Day) (Year)

that I last saw him alive on Feb 22 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 — 28 — hr. — min.

Immediate cause of death
Acute Cardiac dilatation Duration 1 day

9. Birthplace JEFFERSON CITY (MISSOURI)
(City, town, or county) (State or foreign country)

Due to Chronic myocarditis 3 yrs
Due to Chronic nephritis 5 yrs

10. Usual occupation FOREMAN-

Other conditions inguinal hernia 10 yrs
(include pregnancy within 3 months of death)
PHYSICIAN _____

11. Industry or business SHOE MANUFACTURER

Major findings:
Of operations none 7/8
Of autopsy none
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name JOHN P RODMAN
13. Birthplace _____ GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARY ROGERS
15. Birthplace JEFFERSON CITY, MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Varina Rodman
(b) Address 440 NORTH SAPPINGTON.

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? _____

17. (a) BURIAL (b) Date thereof FEB-26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Undertaking Co
(b) Address WEBSTER GROVES, MO.
19. (a) FEB 26 1941 (b) L R Meyer, M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature R. A. Heslie (M. D. number) _____
Address Libourne, Mo Date signed 2/24/41

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 W. B. Aldrich
Licensed Embalmer No. 1332
P. O. Address Webster Grove

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.