

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36989

State File No. _____
Registrar's No. **9219**

DEC 22 1941 **791**
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **ST. LOUIS MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3809 N. UNION (Fishing Body Co)**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **56 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **DOO**
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **919**
(d) Street No. **1911 FERRY** (If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **HENRY WILLIAM RODE**
(b) If veteran, name war **NO**
(c) Social Security No. **489-01-7297**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **NOV.** day **19**-1941
year _____ hour **11** minute **00** A.M.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MARTHA RODE**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **SEPT. 20 1885** (Month) (Day) (Year)

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.

8. AGE: Years **56** Months **1** Days **29** If less than one day
hr. _____ min. _____

Immediate cause of death
Due to **Coronary Sclerosis**
Due to _____
Other conditions (include pregnancy within 3 months of death) **9+0**

9. Birthplace **ST. LOUIS MO** (City, town, or county) (State or foreign country) **0**
10. Usual occupation **ASSEMBLER**
11. Industry or business **FISCHER BODY CO.**
12. Name **KARL RODE**
13. Birthplace **MISSOURI** (City, town, or county) (State or foreign country) **0**
14. Maiden name **LOUISE LOHWEG**
15. Birthplace **MISSOURI** (City, town, or county) (State or foreign country) **0**

Major findings:
Of operations **Pending**
Of autopsy **A.L.H.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **MRS MARTHA RODE**
(b) Address **1911 FERRY ST.**
17. (a) **BURIAL** (b) Date thereof **NOV. 22 1941** (Month) (Day) (Year)
(c) Place: burial or cremation **ST. PETERS CEM.**
18. (a) Signature of funeral director **Suedmeyer + Sons**
(b) Address **3934 N. 20 ST.**
19. (a) **NOV 21 1941** (Date received local Registrar) (b) **J. J. Bredeek** (Registrar's signature)

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 **Thomas F. Callahan** (M. D. or other)
Address **Deputy Coroner** Date signed **11/19/41**

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

Alfred J. Boedetter

Licensed Embalmer No. *2663*

P.O. Address

5934 Alpha

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, fact should be so stated above.