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S. No. 2  
DM-2.43

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JUL 8 1943 318

Primary Registration District No. 1003

Registrar's No. 5943

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
1996  
7

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2301 N. 10th. St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Philo Truman Rood

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: about 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 70 hr. min.

9. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Benner

(b) Address 2301 N. 10th. St.

17. (a) Burial (b) Date thereof 6-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 20 1943 J. F. Buddeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th  
year 1943 hour 1:35 minute A.M.

21. I hereby certify that I attended the deceased from June 25th, 1943, to June 28th, 1943, that I last saw him alive on June 28th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis (?)  
Arteriosclerosis  
Generalized Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Parkinson Disease  
(Parkinson Disease)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy: refused (refused)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 J. F. Buddeck (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 6/29/43

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

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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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2123 St. Louis ave.

**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.**