

S. No. 2
M-2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33479
State File No. _____
Registrar's No. **9271**

FILED OCT 27 1943

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3141 South Grand Blvd.**
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **924**
(d) Street No. **3843 Missouri**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Rudolph R. Rode**
3. (b) If veteran, No. _____ 3. (c) Social Security No. **488-03-0154**
name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **19** day **08th**
year **1943** hour **1** minute **30** P. M.
21. I hereby certify that I attended the deceased from **Nov. 10 -**
1942 to **Oct. 17**, 19**43**
that I last saw him alive on **Oct. 17**, 19**43**
and that death occurred on the date and hour stated above.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife **Frieda Rode** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **June 29 1872**
(Month) (Day) (Year)

Immediate cause of death: **Paralysis (Cerebral Hemorrhage)**
Due to **Hypertension**
Due to _____
Other conditions **none**
(Include pregnancy within 3 months of death)

8. AGE: Years **71** Months **3** Days **20** If less than one day _____ hr. _____ min.
9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings: **none**
Of operations **none**
Of autopsy **none**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Chef**
11. Industry or business **Restaurant**
12. Name **Rudolph Rode**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

MOTHER FATHER {
16. (a) Informant **Mrs. Frieda Rode**
(b) Address **3843 Missouri**
17. (a) **Burial** (b) Date thereof **10/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope Cemetery**
18. (a) Signature of funeral director **W. Schumacher**
(b) Address **3013 Meramec**
19. (a) **OCT 27 1943** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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 **Rudolph S. Vitt** (M. D. or other) **0**
Address **3854 Broadway** Date signed **20/1/43**

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

STATEMENT BY LICENSED EMBALMER

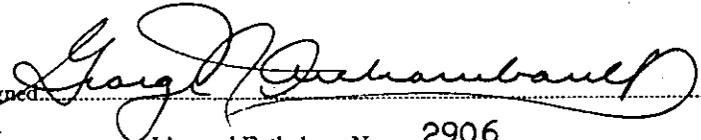
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault.....

, Registered Apprentice No. XXXXXX

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.