

FILED FEB 16 1945

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2742

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hosp. 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 _____
years, months or days)

3. (a) PRINT FULL NAME

William Rodiek

3. (b) If veteran, name war no

3. (c) Social Security No. 500-24-5236

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

6. (b) Name of husband or wife Anna Rodiek 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 7, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Real Estate Dealer

11. Industry or business

12. Name Herman Rodiek

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Friederika Schmeding

15. Birthplace Germany (City, town, or county) (State or foreign country) 11

16. (a) Informant Anna Rodiek

(b) Address 4001 Magnolia Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-45
(Month) (Day) (Year)

(c) Place: burial or cremation N. S. S. Peter & Paul Cem

18. (a) Signature of funeral director Will Bro. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) JAN 9 (Date received local registrar) (b) E. L. Mohrman (Registrar's signature) and

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4001 Magnolia Av. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1945 hour 3 minute 40 A. M.

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

that I last saw him alive on JAN 4TH, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of caecum Duration 6 mo. +

Due to intestinal obstruction

Due to 462

Other conditions Chronic Myocarditis 5 + yrs

(Include pregnancy within 3 months of death)

Major findings: Of operations Jan 4th - ileo-transverse

calculation for Co of Caecum

Of autopsy Colostomy
St. Marys Hospital

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 _____

Signature Albert G. Motel (M. D. or other)

Address 2739 No. Grand Blvd Date signed 1-5-45

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

MOTHER FATHER

MAR 21 1945

MAR 23 1945

MAR 20 1945

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 Ronald Yahrke

Licensed Embalmer No. 3917

P. O. Address 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, fact should be so stated above.