

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

FILED MAY 2 1946  
318

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Park Lane Hospital 0  
(d) Length of stay: In hospital or institution 5 weeks  
In this community years, months or days

3. (a) PRINT FULL NAME Mary C. Rodenberg  
3. (b) If veteran, name war no  
3. (c) Social Security No. none  
4. Sex female / 5. Color or race white  
6. (a) Single, widowed, married, divorced, widow 2  
6. (b) Name of husband or wife John C. Rodenberg  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 18 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 10 8 hr. min.

9. Birthplace Golconda Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation none  
11. Industry or business at home

MOTHER FATHER {  
12. Name August Brown  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace U.S.A. /  
(City, town, or county) (State or foreign country)

16. (a) Informant E. A. Rodenberg  
(b) Address 3225 St. Louis avenue,

17. (a) burial (b) Date thereof Apr 27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine cemetery

18. (a) Signature of funeral director A. Kron & U. Co.  
(b) Address 2707 N. Grand Bly'd

19. APR 26 1946 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3225 St. Louis avenue  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 26  
year 1946 hour 4 minute 30 a.m.  
21. I hereby certify that I attended the deceased from July 21 1940 to Apr. 25 1946  
that I last saw him alive on Apr. 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
Due to Coronary heart disease  
Other conditions lobes pneumonia - plural  
effusion - arteriosclerosis  
Major findings:  
Of operations  
Of autopsy

PHYSICIAN  
Duration 24 hrs.  
6 yrs.  
100  
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work  
23. Signature W. Grace Johnson  
Address 2935 N. Grand an Date signed 4/25/46

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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 *Stanley H. Dixon*  
Licensed Embalmer No. *4193*  
P. O. Address *St. Louis, Mo*

**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.**

State of Mo  
County of St Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 15141

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3821

On this 17 day of June, 1946, before me appears C. A. Rodeberg, who, upon his oath, states that the original record of <sup>birth</sup>~~death~~ for May E Rodeberg <sup>died</sup>~~born~~ April 25, 1946, in the State of Missouri, and which was filed at St Louis on 4/26, 1946, should be corrected as follows:

- Item No. 20 should read April 25-1946  
Instead of April 26-1946
- Item No. 8 should read 8 3-10-7  
Instead of 8 3-10-8
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

*Please note #21 - treatment and doctor's signature dated 4/25/46 - seriously ill and contacted [unclear] cannot be [unclear]*

The above is true to the best of my knowledge, information and belief  
(SPL) C. A. Rodeberg Affiant Relationship.

3225 St Louis Ave  
Present Address.

Subscribed and sworn to before me this 12 day of June, 1946.

My Commission expires 3/4/49. Edna C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

15141