

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19753

State File No.

Registrar's No. 1126

FILED JUN 9 1947
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 2 mon.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lena Rodemeyer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased: July 19, 1863
(Month) (Day) (Year)

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

83	10	12	hr. min.
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9. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER {

12. Name Butler

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

14. Maiden name Prussia

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

16. (a) Informant Pine Crest Home

(b) Address Ballwin, Mo.

17. (a) Cremation (b) Date thereof 6/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Walter J. Fitzgibbon

(b) Address Wentworth Ave. St. Louis

19. (a) 6-5-47 (b) Paul A. J. Shays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Manchester
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Road
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 10:15 minute A M. M.

21. I hereby certify that I attended the deceased from Apr. 1, 1947 to May 31, 1947
er May 30 1947

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to 93d

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature R. H. Jansen (M. D. or other) _____

Address Manchester Mo Date signed 6/3/47

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address Kirkwood 22 Pa

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.