V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

Registration District No. 37

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

29840

State File No. .....

Registrar's No. 1660

96
13
1

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 10,519 Hobday Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 10,519 Hobday Avenue 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME James O. Rodman
3. (b) If veteran, name war No
3. (c) Social Security No. 495-05-4699
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Myrtle E.
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April (Month) 1 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	29	hr. min.

9. Birthplace Bromley (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Machinist
11. Industry or business self
FATHER
12. Name Henry Rodman
13. Birthplace Bromley (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Sarah Oldham
15. Birthplace Bromley (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Myrtle E. Rodman
(b) Address 10,519 Hobday Ave-Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cemetery
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) 8-7-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from Nov. 19, 1946, to July 30, 1947
that I last saw him alive on July 18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchogenic Carcinoma	9 Mo.
Due to	
Due to	
Other conditions Generalized metastases (Include pregnancy within 3 months of death)	

47

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature S. E. Paul (M. D. or other)
Address Overland, Mo. Date signed July 31 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Kas

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.