

No. 300  
10-48

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10928

4008

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 600

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Jennings</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u> <u>4148</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5633 Helen Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>5633 Helen Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) _____ c. (Last) <u>Rodebaugh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6th, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 26th, 1886</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR <u>0</u> Months <u>10</u> Days	IF UNDER 12 HRS. _____ Hours _____ Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Boilermaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Toledo, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Harrison Rodebaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Mahala Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Della Rodebaugh nee Adamson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Rodebaugh, 5633 Helen Avenue,</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis (Chr)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>October 19, 1948</u> , to <u>March 6, 1951</u> , that I last saw the deceased alive on <u>Feb. 20, 1951</u> , and that death occurred at <u>8:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert Wall M.D.</u>		23b. ADDRESS <u>5322 Helen</u>	23c. DATE SIGNED <u>3/6/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-7-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>	

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

*RWR* Licensed Embalmer's Statement on Reverse Side)

0522 Western Case  
Ex. 6280

3 to 4 Pine Trees

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ralph C. Lyndley*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4275

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.