

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36784

State File No.

9219

FILED OCT 21 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4040 Humphrey St.		d. STREET ADDRESS 15 3992 Neosho St.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) ANNA		a. (First) M.		b. (Middle) RODAWALD	
c. (Last)		4. DATE OF DEATH Oct. 3 1952		(Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Single	
8. DATE OF BIRTH Jan. 6, 1882		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Perryville, Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Adam Rodawald		13b. MOTHER'S MAIDEN NAME Sarah Parress	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Cecelia M. Ruff		ADDRESS 4040 Humphrey St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of pancreas</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
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"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>157X</i>		22. I hereby certify that I attended the deceased from <i>12-30, 1950</i> , to <i>10-3, 1952</i> , that I last saw the deceased alive on <i>10-3, 1952</i> , and that death occurred at <i>11:45 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Kenneth Smith M.D.</i>		(Degree or title)		23b. ADDRESS <i>5203 Chrysema</i>	
23c. DATE SIGNED <i>10-4-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct. 7, 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Galvary Cemetery</i>		24d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		(State)	
DATE REC'D BY LOCAL REG. <i>OCT 6 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshausner</i>	
ADDRESS <i>4228 S. Kingshighway Bl</i>		26. (Licensed Embalmer's Statement on Reverse Side)			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifford B. White

Licensed Embalmer No. 4291

P. O. Address 4278 1/2 Kings Highway

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.