

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25230

FILED JUL 20 1956

318

1003

State File No.

6428

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|---|--|---|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 2 days | | c. CITY OR TOWN St. Louis | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | | | e. STREET ADDRESS (If rural, give location) 5059 Milentz Ave. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) John c. (Last) Rode | | | 4. DATE OF DEATH (Month) July (Day) 8 (Year) 1956 | | | | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Nov, 28, 1888 | | |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | | 10b. KIND OF BUSINESS OR INDUSTRY Real Estate | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Charles Rode | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Westbrook | | | 14. NAME OF HUSBAND OR WIFE Lena J. Rode | | |
| 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. 488-05-7530 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lena Rode 5059 Milentz Ave. | | | | |
| 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, atherosclerosis, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Cholecystitis | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days 1 year 3 days | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION 331x | | | | | 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from 7/6/56 , 19____, to 7/8/56 , 19____, that I last saw the deceased alive on 7/8/56 , 19____, and that death occurred at 5:48P m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE CE Stein del M.D. | | | | 23b. ADDRESS 3701 Grandel Fr. Mo. | | 23c. DATESIGNED 7/9/56. | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE July 11, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | |
| DATE REC'D BY LOCAL REG. JUL 9 1956 | | REGISTRAR'S SIGNATURE Charles Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo. | | | | |

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.....
Signature of Student Embalmer

Signed *Bill C. Branson*.....

Licensed Embalmer No. *7-264*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.