

Health, & Welfare
Public Health Service
S. 300
v. 156
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 22 1957

STANDARD CERTIFICATE OF DEATH

42526

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10552**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clayton 44320	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 32 St. Lukes Hosp.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 27 738 So. Hanley	
3. NAME OF DECEASED (Type or print) First Claribell Middle Peters Last Rodewald				4. DATE OF DEATH Month November Day 5 Year 1957			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 3 Feb. 8, 1898	
9. AGE (In years last birthday) 59		10. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				13. FATHER'S NAME Charles Peters			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME Elizabeth Winter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Miss Eliza Rodewald 738 So Hanley	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4432							INTERVAL BETWEEN ONSET AND DEATH 10 hours 5 years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 1957 to Nov 5 '57 and last saw ^{her} him alive on Nov 5 '57 Death occurred at 11 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul O. Hagemann M.D.				22b. ADDRESS 3720 Washington Ave		22c. DATE SIGNED 11-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-30-57		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS Rowland Lee 4104 Manchester				25. DATE RECD. BY LOCAL REG. NOV 7 '57		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

SEP 11 1961

VS
AUG 25 1960

FEB 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.
working under my personal supervision. . .

C.R. Lupton and Sons
7233 Delmar Blv'd.
St. Louis 5, Missouri.

Student
Signature of Student Embalmer

Signed *John J. Lupton Jr.*

Licensed Embalmer No.
St. Louis 7

NOT EMBALMED

NOT EMBALMED P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.