

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46261
STATE FILE NUMBER
12282
Registrar's No.

FILED DEC 30 1957

Registration District No. 318 Primary Registration District No. 1003

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 5720 Enright Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin DesLoge Hosp.		Length of stay in 1b	d. STREET ADDRESS St. Louis		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CARRIE S RODENBERG			4. DATE OF DEATH Month Day Year 12 - 15 - 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2nd about 92	9. AGE (In years last birthday) 92	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Metropolis, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Cord Henry Rodenberg		13b. MOTHER'S MAIDEN NAME Martha Jansen		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 NONE		16. SOCIAL SECURITY NO. UNK	17. INFORMANT Address Mrs. B.C. Schnell Pecatonica, Illinois		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure Conditions, if any, which gave rise to above cause (b) Senility State of mind, if any, at time of death (c) Procedured Hip E904.0 21					INTERVAL BETWEEN ONSET AND DEATH 10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5 fell at home 12/3/57			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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.) Home		20f. CITY, TOWN, OR LOCATION Sol. hours		COUNTY Mad	STATE Mo
21. I attended the deceased from 12/6/57 to demise and last saw her alive on 12/13/57 Death occurred at 12/15/57 7 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert E. Juncel (Degree or title)			22b. ADDRESS 808 N. Grand		22c. DATE SIGNED 12/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12-23-57	23c. NAME OF CEMETERY OR CREMATORY local		23d. LOCATION (City, town, or county) (State) Altamont, Illinois
24. FUNERAL DIRECTOR C.R. LUPTON & SONS 7233 DELMAR BLVD.		25. DATE RECD. BY LOCAL REG. DEC 21 57		26. REGISTRAR'S SIGNATURE Paul Smith mo m83.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Let coroner's OK.

8-11

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7890-201-21

M156726

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
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.