SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1961

-61-042828

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11322

AMENDED

DATE AMENDED 9/2

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 1 mo.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 5541 Bancroft — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Reinhold Middle: H. Last: Rodegast

4. DATE OF DEATH: Month: December Day: 3 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/30/1884

9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months 3 Days 3 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor - Retired

10b. KIND OF BUSINESS OR INDUSTRY: St.Louis Post Off.

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Herman Rodegast

13b. MOTHER'S MAIDEN NAME: Wilhelmina Mueller

14. NAME OF HUSBAND OR WIFE: Blanche Rodegast

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Blanche Rodegast Address: 5541 Bancroft St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Infarction due to embolis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Acute fulminating Pyelonephritis

DUE TO (c) 600.0

INTERVAL BETWEEN ONSET AND DEATH: 1 momth

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease Splenic Infarction

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 November 1, 1961 to Dec. 3, 1961 and last saw her/him alive on 12/3/61

Death occurred at 3;30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph R. Mackey MD

22b. ADDRESS: 634 North Grand

22c. DATE SIGNED: 12/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12/6/61

23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Hoffmeister Colonial ADDRESS: 6464 Chippewa (9)

25. DATE RECD. BY LOCAL REG.: DEC 5 1961

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

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 Lee E. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis, M

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.