

MISOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8960

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 003

City St. Louis, Mo.

City Infirmary

File No.....

Registered No. 2670

St. Ward)

2. FULL NAME

(a) Residence. No. John Rodwald
(Usual place of abode) City Infirmary 13. Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-3-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | 9 | 4 | — | — | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nil
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ?

14. INFORMANT (Address) Mrs. E. Effinger
City Infirmary

15. FILED 27 1929 Max Stanley

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/7 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to Feb 7, 1929 that I last saw h... alive on Feb 7, 1929, and that death occurred, on the date stated above, at 6:15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
53E
934

CONTRIBUTORY (SECONDARY) Melancholonia

Rt. Eye (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical

(Signed) Myron E. Toubert, M. D.

2/6, 1929 (Address) City Infirmary

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Louis | 2-12-1929

20. UNDERTAKER

ADDRESS

W. Richter | 3800 Antye

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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