

REC'D JUL 14 1938

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

21406

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 664  
(c) City St. Joseph (d) Street No. 1727 Savannah Avenue St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

## 2. PRINT FULL NAME

Helwig A. Rode  
(a) Residence, No. 1727 Savannah Ave., St. Joseph St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Leather Worker  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER 13. NAME Conrad Rode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Mollie Lauber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Henry Rode St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE June 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter Meierhoffer 1302 Faron St., St. Joseph

20. FILED 6/28/38 A. J. Westbush Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938 to June 26, 1938

I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis Date of onset unknown

Other contributory causes of importance:

Chronic Hypertension unknown

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Cancer Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Gustav A. Fan, M. D.  
(Address) Leopoldine Bldg, St. Joseph, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. yes or by yes, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision

Signed

Wilbur A. Kelly

Licensed Embalmer No. 3946

**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.)**