

JUL 15 1938

REC'D AUG 9 1938

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

26526  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 200  
(c) City Vinita Park Mo. (d) Street No. 8215 Buchanan St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julius Herman Rode 3111

(a) Residence, No. 8215 Buchanan St. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1863  
7. AGE YEARS 74 MONTHS 11 DAYS 18 If LESS than 1 day, ..... hrs. ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman  
9. Industry or business in which work was done, as saw mill, bank, etc. Walton Viking  
10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

13. NAME Herman Johan Rode

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

15. MAIDEN NAME Anna Rassin

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

17. INFORMANT (ADDRESS) Elizabeth Rode  
8215 Buchanan St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo. DATE 7-16-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons  
6175 Delmar Blvd.

20. FILED JUL 15 1938 J. R. Meyer, M.D.P.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1938

22. I HEREBY CERTIFY, that I attended deceased from 5/19 1938 to 7/13 1938  
I last saw him alive on July 6 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of Small Intestine  
Gallbladder

Other contributory causes of importance: 46 C  
Inauration

Name of operation Splen. - Oesoph. Date of 6/7/38  
What test confirmed diagnosis? Microscope Was there an autopsy? Yes

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) John W. H. Dear M. D.  
(Address) 816 Michigan Bldg

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

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, .....

*Joseph E. McCulloch* ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....  
*Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Pelmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING (Signature to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.