S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20020

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4968

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6715 Hoffman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6715 Hoffman
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Henry Rodden 350
3. (b) If veteran, name war World War
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hannah Rodden
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept. 30, 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	8	5	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Foreman Street Dept.
11. Industry or business City of St. Louis
FATHER 12. Name Wm. H. Rodden
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah ?
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Hannah Rodden
(b) Address 6715 Hoffman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) JUN 6 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1940 hour 10 minute 22 P. M.
21. I hereby certify that I attended the deceased from June 5th, 1940 to June 5th, 1940 that I last saw him alive on June 5th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocarditis Chronic — ?
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. H. Steinman (M. D. or other)
Address 5428 Magnolia Date signed 6/6/40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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