

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

FILED SEP 25 1940

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(c) Name of hospital or institution:
2744@ Meramec Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME ROSA RODE 3m

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Hugo 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 2, 1867.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 11 hr. min.

9. Birthplace Germany 6
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

12. Name Dont know

13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Rode

(b) Address 4139 Nebraska Avenue

17. (a) Burial (b) Date thereof 8/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director J. J. [Signature]

(b) Address 2842 Meramec Street

19. (a) AUG 13 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County.....
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 2744@ Meramec Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 57 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1940 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug 7 - 1940
....., 19..... to Aug 13, 1940
that I last saw her alive on Aug 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular syndrome
Duration 2 1/2

Due to.....
Due to.....
Other conditions.....
(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 J. J. [Signature] (M. D. or other) MD
Address 2739 1/2 Grand Date signed 8-13-40

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.....

Joseph S. Benz, Registered Apprentice No. 218
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120
2842 Meramec Street
P. O. Address..... St. Louis, Mo.,

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, fact should be so stated above.