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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. 347

Registration District No. 791 FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 347

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 1717
(If outside city or town limits, write "RURAL")

(d) Street No. 3948 Flora Blvd. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr. John H. Rode

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Virginia Rode

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

7. Birth date of deceased April (Month) 9 (Day) 1853 (Year)

8. AGE: Years 87 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired Broom Mfg.

11. Industry or business

FATHER
12. Name John Rode
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Ella Weintraub
(b) Address 3948 Flora Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Henry Leidner U. Co
(b) Address 2223 St. Louis Ave. 22 1/2

19. (a) JAN 13 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th.
year 1941 hour 6:00 minute 22PM M.

21. I hereby certify that I attended the deceased from April, 1935, to 1/12, 1941
that I last saw him alive on 1/12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death generalized arteriosclerosis with myocardial failure and uremia caused by generalized arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 e 2
Of autopsy 93 d

Duration: 10 yrs chronic 2 mo.

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 0

23. Signature H V Goldmann (M. D. or other)
Address 634 N Grand Date signed 1/13/41

(Licensed Embalmer's Statement on Reverse Side)

1033- mo - - Goldwasser

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 7223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.