

S. No. 2
4-13-40
v. 5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13263
3693

State File No.

Registrar's No.

FILED MAY 13 1941 791

Registration District No.

Primary Registration District No.

1003

100
17
9

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

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:
4133 Osceola St.
(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 Edward L. Roden

3. (b) If veteran, name war None 3. (c) Social Security No. No.

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

6. (b) Name of husband or wife Ida H. Roden 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug. 10 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 17 If less than one day _____
hr. min.

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

10. Usual occupation Draftsman

11. Industry or business St. Louis City

12. Name William Roden

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

14. Maiden name _____

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

16. (a) Informant Ida H. Roden

(b) Address 4133 Osceola St.

17. (a) Burial (b) Date thereof 3-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) W. J. ... (b) J. F. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 415

(a) State Mo. (b) County _____

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

(d) Street No. 4133 Osceola St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1941 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Jan 15/41 to Apr 27/41, 19____; that I last saw h in alive on Apr 26/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach, 7 secondary Primary

Due to H6a

Other conditions inaction
(Include pregnancy within 3 months of death)

Major findings: destruction of
Of operations pericardium

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. J. ... (M. D. or other) _____
Address 607 ... Date signed 4/29/41

Dr. Herschey
re elve
3-2-
Blvd. St. 4300

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 Reinhold H. Lohmann
Licensed Embalmer No. 3395

P. O. Address.....

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.