

FILED APR 8 1942

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Masonic Home of Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mos.
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5351 Delmar
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary F. Rodan

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married. 2 divorced WIDOWED

6. (b) Name of husband or wife PHILIP RODAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 10, 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

93	4	11	hr. min.
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9. Birthplace Nashville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Farnham Berry

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

14. Maiden name Mary Thomas

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

16. (a) Informant Rev. Mrs. Berkeley

(b) Address 222 Oak Lane, Kirkwood, Mo.

17. (a) BURIAL (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE

18. (a) Signature of funeral director EDITH E. AMBRUSTER

(b) Address 4234 MANCHESTER

19. (a) 9AD 91 10 (b) J. F. Bruden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20, year 1942 hour 10.15 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 8, 1940, 1940 to March 20, 1942, that I last saw her alive on March 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis 6 Mths

Due to Senility 1 Yr.

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? _____

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

23. Signature John Ramsey (M. D. or other) _____
Address 508 N. Grand Blvd Date signed 3-20-42

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

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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..... *Henry Eynck*

Licensed Embalmer No..... *1284*

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.