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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1942
 Registration District No. 379

Primary Registration District No. 4469

Registrar's No. 67

1. PLACE OF DEATH:
 (a) County St. Gen.
 (b) City or town St. Genevieve
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Gen.
 (c) City or town St. Genevieve
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHRISTINE RODENMEYER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 6
 year 1942 hour 10:30 minute P M.
 21. I hereby certify that I attended the deceased from Nov. 3 1942
 to Nov. 6 1942
 that I last saw her alive on Nov. 6 1942
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife John Rodenmeyer alive _____ years
 7. Birth date of deceased: Dec 3 1959
 (Month) (Day) (Year)

Immediate cause of death
Chronic myocarditis
Generalized arteriosclerosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy No

8. AGE: Years Months Days If less than one day
82 11 3 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Schapp

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

14. Maiden name Catherine E. Hess

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

16. (a) Informant Nancy Rodenmeyer

(b) Address St. Genevieve Mo

17. (a) Removal (b) Date thereof Nov 9 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellenille Ill

18. (a) Signature of funeral director W. C. Baskin

(b) Address St. Genevieve Mo

19. (a) Nov 7/42 (b) T. W. Douglas
 (Date received local registrar) (Registrar's signature)

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 W. C. Baskin (M. D. or other) _____
 Address St. Genevieve Mo Date signed 11/9/42

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

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

95-1-1

RECEIVED

District Health Officer No. 3
District File Number 1242-1413
Date Filed 12-7-42

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 Leo E. Basler

Licensed Embalmer No. 1985

P. O. Address Sto. Ynez Ave

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.