S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42037

Registration District No. 184 FILED JAN 15 1943

Primary Registration District No. 200

Registrar's No. 2577

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Mount St. Rose Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9/30/42 to 12/6/42 (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town Grafton, 5
(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 2

3. (a) PRINT FULL NAME: DOROTHY RODENBAUGH

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 Married

6. (b) Name of husband or wife Ross

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May (Month) 15th (Day) 1920 (Year)

8. AGE:

Years	Months	Days	If less than one day
22	6	21	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name C. A. Knight
13. Birthplace Grafton, Ill. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name M. Coleson
15. Birthplace Alton, Ill. (City, town, or county) / (State or foreign country)

16. (a) Informant Margaret Powel
(b) Address Alton, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 7- 1942 (Date received local registrar) (b) E. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1942 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 30, 1942, to Dec. 6, 1942, that I last saw her alive on Dec. 5, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulm. Tbc	7 yrs
Due to	
Due to	
Other conditions: The Laryngitis (Include pregnancy within 3 months of death) Paravertal abscess	

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 H. E. Wuestenfeld (M. D. or other)
Address 910 S. Broadway Date signed 12/7/42

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1965

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.....G W Wilkinson

Licensed Embalmer No.....3575

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.