

S. No. 2
M-9-4-41
5-17-39
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19096

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1138

ED MAY 22 1943
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 3938 So. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Eugene RODE

3. (b) If veteran, name war No 3. (c) Social Security No. 487-093677

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

6. (b) Name of husband or wife Margery Simpson 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased 1-31-1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 3 12 hr. min.

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

10. Usual occupation Painter

11. Industry or business Automobile

12. Name Hugo RODE

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

14. Maiden name Rosalie Fritz

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

16. (a) Informant Margary Rode

(b) Address 2713a California Ave.

17. (a) Burial (b) Date thereof May 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Golden-Berg Mortuary
2842 Meramec St.

(b) MAY 15 1943
(Date received local registrar) (c) [Signature]
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13
year 1943 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5-4
19 43, to 5-13 19 43

that I last saw him alive on 5-13-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung
Duration 2 yrs

Due to _____

Due to _____

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

Major findings: Of operations 474

Of autopsy Bronchogenic Ca with metastasis to heart

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 A. Gronau (M. D. or other) _____

Address Koch Hospital Date signed 5-14-43

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

96000

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.....

Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.
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.