

Registration District No. 19097

Primary Registration District No. 3070

Registrar's No. 1257

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

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
757 GREELEY AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 17 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES 4
(If outside city or town limits, write "RURAL.")

(d) Street No. 757 GREELEY AVE.
(If rural, give location)

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

3. (a) PRINT FULL NAME ANTHONY B. RODUIT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANCES B. RODUIT

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JANUARY-22-1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>5</u>	— hr. — min.

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

10. Usual occupation GARDENER

11. Industry or business — RETIRED

12. Name MAURICE RODUIT

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

14. Maiden name FRANCES BAILLISARD

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

16. (a) Informant Mrs Frances B Roduit

(b) Address 757 Greeley Ave. W. S.

17. (a) BURIAL (b) Date thereof MAY 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS PETER & PAUL

18. (a) Signature of funeral director Richard C. O.

(b) Address WEBSTER GROVES MO

19. (a) MAY 29 1943 (b) C. H. Mc Kern, M.D.
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 1943
year 1943 hour 9 Pm minute 00 A.M.

21. I hereby certify that I attended the deceased from March 12th 1943 to May 27 1943; that I last saw her alive on May 27 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Myocardial Infarction

Due to Myocardial Infarction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 131 lb

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)

23. Signature Carl C. ... (M. D. or other)

Address Webster Groves Mo signed 6-28-43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *C. B. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Webster Grove*

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.