

S. No. 2
4-8-43
5-17-39
K37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39748**
11004
Registrar's No.

Registration District No. **318** Primary Registration District No. **1002**

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

3. (a) PRINT FULL NAME Ernest F Rodenhauser Sr.
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex M **5. Color** W **6. (a) Single, widowed, married,** W
race W divorced W
6. (b) Name of husband or wife D **6. (c) Age of husband or wife if**
alive _____ years
7. Birth date of deceased Sept. 14 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { **12. Name** George Rodenhauser
13. Birthplace Germany U
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Grabell
15. Birthplace Germany U
(City, town, or county) (State or foreign country)

16. (a) Informant E. F. Rodenhauser Jr.
(b) Address 922 Labeaum

17. (a) Burial **(b) Date thereof** 12-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Lucas & Huds. Central Und. Co

18. (a) Signature of funeral director _____
(b) Address 1841 Cass Ave

19. (a) DEC 26 1944 **(b) J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 922 Labeaum Str
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd 3rd degree Burns **Duration** _____
As body arms and face when his
clothing became ignited in the
stitching of his home when he
evidently got too close to lighted
gas burners on the 24. 1944
about 11 a.m.
Other conditions No damage to clothing or contents
(Include pregnancy within 3 months of death)

Major findings: 181-1
Of operations _____
Of autopsy 15
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) Accident
(b) Date of occurrence Dec 24, 1944
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place) (or Means of injury) Gas burner

23. Signature [Signature] **(M. D. or other)** 3
Address [Signature] **Date signed** 12/26/44

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. Wilkerson*
.....
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.