

S. No. 2
M-5-43
5-17-39
I X36671

FILED OCT 16 1946
318

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
4684 W. Florissant Ave.
(d) Length of stay: In hospital or institution 63 Yrs.
In this community 63 Yrs.

3. (a) PRINT FULL NAME Fred W. Rodefeld
3. (b) If veteran, name war No
3. (c) Social Security No. No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Rodefeld
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased August 31, 1863

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>1</u>	hr. min.

9. Birthplace Germany
10. Usual occupation Retired Contractor

11. Industry or business
12. Name Unknown
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

16. (a) Informant Mr. William Rodefeld
(b) Address 4684 W. Florissant Ave.
17. (a) Burial (b) Date thereof Oct. 4, 1946
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd
19. (a) OCT 2 1946 (b) J. F. Bedeck

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 4684 W. Florissant Ave.
(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 1st
year 1946 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from Jan 1944 to Oct 1946
that I last saw him alive on 10-1- and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to 108
Due to 108
Other conditions Senility

Major findings:
Of operations
Of autopsy

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?
(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 W. Updegraff (M. D. 1946)
Address 3505 N. Grand Date signed 10/2/46

va.
7/17
9
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3105 N. Grand.

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 John A. Mlesian
Licensed Embalmer No. 4186
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.