

5-17-39
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FILED NOV 7 1946
318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4570 Wichita
(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

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. 4570 Wichita
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Frank J. Rodenberg

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Louise Rodenberg 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 9, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>15</u>	_____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1946 hour 3.10 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from June
_____, 1946, to Oct, 1946
that I last saw him alive on Oct 14, 1946
and that death occurred on the date and hour stated above.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Rodenberg

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

14. Maiden name Anna

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

16. (a) Informant Louise Rodenberg

(b) Address 4570 Wichita

17. (a) Cremation (b) Date thereof 10/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester Ave.

19. (a) OCT 25 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Interstitial Nephritis
Duration _____ years

Due to Hypertension - Arterio Sclerosis
Arterio Sclerosis - Senile Dementia

Due to _____

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

Major findings: 1.31

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? _____

While at work? I (Specify type of place) _____

(e) Means of injury _____

23. Signature H. L. Bremer (M. D. or other) _____

Address 4266 Manchester Date signed 10/25/46

JAN 30 1947

DEC 28 1951

34267

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 *Harry Eymck*

Licensed Embalmer No. 1284

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.