

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15842**
Registrar's No. **926**

FILED APR 28 1947

Registration District No. **317**

Primary Registration District No. **3063**

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

1. PLACE OF DEATH:

(a) County **St. Louis County**

(b) City or town **Clayton, Missouri**

(c) Name of hospital or institution: **St. Louis County Hospital**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**

In this community **City Resident** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")

(d) Street No. **5380 Patton** (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Harry Rodiere**

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 **Single**

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

7. Birth date of deceased: **November 22 1921** (Month) (Day) (Year)

8. AGE: Years **26** Months **5** Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER FATHER { 12. Name **Harry Rodiere**

13. Birthplace **Montreal Canada** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Tayne** (City, town, or county) (State or foreign country)

15. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rodiere, Step-mother**

(b) Address **4038a N. Florissant**

17. (a) **burial** (b) Date thereof **4-25-1947** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Harrigan & Sheahan**

(b) Address **4415 Washington Br**

19. (a) **4-25-47** (b) **[Signature]** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22nd** year **1947** hour **3:37am** minute _____ M. _____

21. I hereby certify that I attended the deceased from **April 17th** 19 **47**, to **April 22nd** 19 **47**.

that I last saw h. **im** alive on **April 22nd** 19 **47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Contusion & laceration of the brain. Central Convulsion**

Duration _____

Due to _____

Due to **170 C 22**

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

Major findings: _____

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) **Accident**

(b) Date of occurrence **April 17, 1947**

(c) Where did injury occur? **Bridgeton St. Louis Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Highways**

While at work? **NO** (Specify type of place) Means of injury **Auto Collision**

23. Signature **[Signature]** (M. D. or other) **O**

Address **6015 Buntrock Clayton** Date signed **4-23-47**

JUN 21 1947

JUN 16 1947

JUN 10 1947

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

W. W. Wilkins

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.