No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3016

FILED JAN 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 305

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4001 Magnolia 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4001 Magnolia Ave. 4
(If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANNA RODIEK

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 5

6. (b) Name of husband or wife Late William

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

7. Birth date of deceased Jan. (Month) 2 (Day) 1873 (Year)

8. AGE: Years 75 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Ambrose Wuest
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Sophia Baumeister
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant William Rodiek Jr.
(b) Address 4001 Magnolia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JAN 1 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1948 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct 13 1936 to Jan 9 1948
that I last saw her alive on Jan 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Cerebral Hemorrhage 5:30 PM

Due to Chr. Hypertensive Cardio.

Due to vascular renal disease 10+ yrs

Other conditions (Include pregnancy within 3 months of death) 31

Major findings:
Of operations —
Of autopsy 0

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Albert J Mayfrom (M. D. or other)
Address 203-9 LINDELL TRUST BLDG. Date signed JAN 10 1948
3750 NORTH GRAND BLVD.

Jefferson City Printing Co.

JAN 12 1948

(Licensed Embalmer's Statement on Reverse Side)

MAR 21 1950

305

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.