

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3184

FILED JAN 19 1949

State File No. 280

318

1003

280

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Montgomery					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Litchfield		979			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4237 N. Euclid Ave. /				d. STREET ADDRESS (If rural, give location) W.R. 1527 Van Buren					
3. NAME OF DECEASED (Type or Print) Martha			a. (First) R		b. (Middle) ack		c. (Last) Rodenbeck		
4. DATE OF DEATH (Month) (Day) (Year) 1 9 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 10, 1862	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			14. NAME OF HUSBAND Eggie Rodenbeck - Litchfield, Ill.			
13a. FATHER'S NAME Unknown Hanover			13b. MOTHER'S MAIDEN NAME Talke Miinke			14. NAME OF HUSBAND Eggie Rodenbeck - Litchfield, Ill.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Napier - Litchfield, Ill.				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Cold - 10 days ago Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Ch. myocarditis with failure Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH Went 36 hrs about 2 weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 180						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) Litchfield (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 1/8 , 19 49 , to 1/9 , 19 49 , that I last saw the deceased alive on 1/8 , 19 49 , and that death occurred at 11:12 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Eugenie Stohrer (Degree or title) _____				23b. ADDRESS 4410 S. Delmar Blvd		23c. DATE SIGNED 1/10/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-9-49		24c. NAME OF CEMETERY OR CREMATORY Litchfield, Ill.		24d. LOCATION (City, town, or county) (State) Litchfield, Ill.			
DATE REC'D BY LOCAL REG. JAN 10 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe - St. Louis, Mo.		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed _____

Frank J. Jones
Licensed Embalmer No. *15*

P. O. Address *St. Louis*

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.