

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39806

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>04512</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Creve Coeur, Mo.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St. Louis</u>		
c. LENGTH OF STAY (in this place) <u>10 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>40 Creve Coeur</u>		d. STREET ADDRESS <u>Spoede & Olive St. Road</u>		e. (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spoede & Olive St. Road</u>				d. STREET ADDRESS <u>Spoede & Olive St. Road</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) <u>Catherine Roden</u>			b. (Middle)			c. (Last)		
a. (First) <u>Catherine Roden</u>			b. (Middle)			c. (Last)		
4. DATE OF DEATH <u>Nov. 24, 1949</u>			5. SEX <u>F.</u>			6. COLOR OR RACE <u>W.</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Aug. 3, 1884</u>			9. AGE (10 years last birthday) <u>65</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Alphonse Fischer</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Stehle</u>		
14. NAME OF HUSBAND OR WIFE <u>Francis J. Roden</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>No.</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Francis J. Roden</u>			17. ADDRESS <u>Spoede & Olive St. Road</u>			18. CAUSE OF DEATH		
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, asthma, etc.: It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				1 Day	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	
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) (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 <u>11-17-49</u> , to <u>11-24-49</u> , that I last saw the deceased alive on <u>Nov. 2, 1949</u> , and that death occurred at <u>10:00P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Carl J. Reis</u>			23b. ADDRESS <u>Humboldt Bldg</u>			23c. DATE SIGNED <u>11-25-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>11-28-49</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>			25. ADDRESS <u>3840 Lindell Blvd</u>		
DATE REC'D BY LOCAL REG. <u>11-26-49</u>			REGISTRAR'S SIGNATURE <u>Herbert R. Slone</u>			25. ADDRESS <u>3840 Lindell Blvd</u>		

3-5-
M. Earl Vance

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 _____

W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.