

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2954

State File No.

FILED JAN 26 1950

REG. DIST. NO. 318

PRIMARY REG. DIST. 1003

Registrar's No. 493

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 493			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warson Woods,</u>		4640			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital..</u>				d. STREET ADDRESS (If rural, give location) <u>1675 Andrews Drive,</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>			b. (Middle) <u>L.</u>		c. (Last) <u>RODEMYER.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan'y 15, 1950.</u>		
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>November 26, 1916.</u>		9. AGE (In years last birthday) <u>33.</u> If under 1 year: Months <u>1.</u> Days <u>19.</u> If under 12 hours: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman..</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sligo Iron Co.,</u>		11. BIRTHPLACE (State or foreign country) <u>Mitchell, Illinois.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Irvin E. Rodemyer.</u>			13b. MOTHER'S MAIDEN NAME <u>Lucile Link.</u>			14. NAME OF HUSBAND OR WIFE <u>Thomasene B. Rodemyer.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>W.W. 2.</u>			16. SOCIAL SECURITY NO. <u>333-03-0533.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs R. L. Rodemyer, 1675 Andrews Dr,</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor - healing numb</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> ADULTERATED EXP. 1/10/50						INTERVAL BETWEEN ONSET AND DEATH <u>6-8 yrs?</u>	
19a. DATE OF OPERATION <u>11/11/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Evidence increased intracranial pressure</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>193X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>11/7</u> , 19 <u>49</u> , to <u>1/15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/14</u> , 19 <u>50</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>B.A. Smolik</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Baumgardner Blv</u>			23c. DATE SIGNED <u>1/16/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.. 5</u>		24b. DATE <u>1/17/50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Granite City, Illinois.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 17 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar Bl'v'd.,</u>				

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

S. No. 300
V. 10.48
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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 Clarence H. Murray

Licensed Embalmer No. 4011

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.

MAR 11 1950

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City of St. Louis,
Bureau of Vital Statistics,
St. Louis, Missouri.

Dear Sirs:

With reference to the certified copy of death on Mr. Richard L. Rodemeyer, File No. 14594, I made an incorrect entry in stating that the interval between the onset of symptoms and death was approximately eight years. This was filled in from memory at the time that the certificate was given me and in looking over my records, I find the symptoms more nearly approximate four to five years.

I wish you would therefore make the appropriate correction.

Very truly yours,



E. A. Smolik

Edmund A. Smolik, M. D.