

#8011

State File No. 5159

REG. DIST. NO. 318 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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2259	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Arlington Hotel-715 Pine St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JOSEPH			June 8th, 1950		
b. (Middle) RODEKOPF					
c. (Last)					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Sept. 12, 1882	9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Clerk
11. BIRTHPLACE (State or foreign country) Unknown Minnesota		12. CITIZEN OF WHAT COUNTRY USA		13. KIND OF BUSINESS OR INDUSTRY Arlington Hotel	

13a. FATHER'S NAME Henry Rodekopf	13b. MOTHER'S MAIDEN NAME Helena Wagner	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Raymond Rodekopf-9855 Meadow	ADDRESS
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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) <i>Pulmonary Tuberculosis, far adv. 1943</i>		
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. <i>Cox Pulmonale Empyema</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <i>MO IX</i>
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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?
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22. I hereby certify that I attended the deceased from 3/22/50, 1950, to 6/8/50, 1950, that I last saw the deceased alive on 6/8/50, at 6:50 am, and that death occurred at 6:50 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Joseph S. D. Blodgett M.D.</i>	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 6/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-12-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Normandy, Mo.
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DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JUN 12 1950 <i>J. B. Casater</i>	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *William S. [Signature]*

Licensed Embalmer No. *4/199*

P. O. Address *St. Charles, 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.