

No. 300  
10-48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14476

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1061

1. PLACE OF DEATH  
a. COUNTY St. Louis

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 OR TOWN Valley Park, Mo. c. LENGTH OF STAY (in this place) 2 1/2 mos. c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Nursing Home e. STREET ADDRESS (If rural, give location) 3438 Oregon 2249

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) - c. (Last) Rodenheiser 4. DATE OF DEATH (Month) (Day) (Year) May 4, 1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 27, 1869 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing Contractor 10b. KIND OF BUSINESS OR INDUSTRY Plumbing 11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Rodenheiser 13b. MOTHER'S MAIDEN NAME Marguerette (last unknown) 14. NAME OF HUSBAND OR WIFE Octavia (nee Grounds)

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. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George B. Rodenheiser, 64 Frederick Lane

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Cardiac dilatation INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES DUE TO (b) Chc. myocarditis 1 yr.

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) Acute bronchitis 10 days

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 5/4, 1954, to 5/4, 1954, that I last saw the deceased alive on 5/3, 1954, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Sheehy, M.D. 23b. ADDRESS Kirkwood, Mo 23c. DATE SIGNED 5/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 6, 1954 24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 5/5/54 REGISTRAR'S SIGNATURE Herbert R. Somke, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6464 Hoffmeister Colonial Mortuary, Chippewa

(Licensed Embalmers' Statement on Reverse Side)

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

209 S. Kirkwood Road

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2671

P. O. Address 7814 1/2 Broad

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.