

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1820

State File No.

FILED FEB 7 - 1955

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 T Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris</u>		c. LENGTH OF STAY (In this place) <u>5 Min.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crestwood 19</u>		<u>4880</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Stand. Serv. Sta. N. Main St.</u>			d. STREET ADDRESS (If rural, give location) <u>1645 Liggett Drive</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugo</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Rodegast</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. - 1 - 1955</u>		
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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>May 21, 1892</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR (Months) <u>8</u>	11. UNDER 1 YEAR (Days) <u>10</u>	12. UNDER 1 YEAR (Hours) <u>-</u>	13. UNDER 1 YEAR (Mins.) <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Manufacturing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>Herman Rodegast</u>		13b. MOTHER'S MAIDEN NAME <u>Wilmena Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>Stella S. Rodegast</u>			
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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)		16. SOCIAL SECURITY NO. <u>342-03-8622</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella S. Rodegast, Crestwood, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>7 minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		CEREBRAL HEMORRHAGE					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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)	
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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 2-1-, 1955, to 2-1-, 1955, that I last saw the deceased alive on 2-1-, 1955, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Barnett</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Paris, Missouri</u>		23c. DATE SIGNED <u>2-1-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>✓</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
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DATE RECD BY LOCAL REG. <u>2-1-55</u>	REGISTRAR'S SIGNATURE <u>J. A. Barnett, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

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FEB 9 1955

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 _____

E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.