

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22286**

FILED JUN 21 1956

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 542	Registrar's No. 1376
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		c. LENGTH OF STAY (In this place) 17 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 14 Blackburn Ave.		d. STREET ADDRESS (If rural, give location) 14 Blackburn Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) Herman c. (Last) Rodenberg		4. DATE OF DEATH (Month) (Day) (Year) June 4, 1956.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 14, 1883	9. AGE (In years last birthday) 72 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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Christian Rodenberg		13b. MOTHER'S MAIDEN NAME Unknown Busse	14. NAME OF HUSBAND OR WIFE Lydia N. Rodenberg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 489-05-4961	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia Rodenberg, Ferguson, Mo		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Circulation, 1 1/2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart disease 6 yrs DUE TO (c) Chronic Bronchitis 3 yrs			INTERVAL BETWEEN ONSET AND DEATH 1 yr 6 yrs 3 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 1628		
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 4-18 , 19 54 , to 6-4 , 19 56 , that I last saw the deceased alive on 5-24 , 19 56 , and that death occurred at 12:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Nicholas Klyne, M.D.		23b. ADDRESS 3676-28 N. 11th	23c. DATE SIGNED 6-5-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-6-56	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	24d. LOCATION (City, town, or county) (State) St. Louis County, MO.	
DATE REC'D BY LOCAL REG. 6-5-56	REGISTRAR'S SIGNATURE Richard K. Danks, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE WHITE CHAPEL, FERGUSON, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ben C. Hoffman

Licensed Embalmer No. *4366*

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.