

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED NOV 29 1956

State File No. 39745

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10277

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Infirmary		e. STREET ADDRESS 4552 Evans Av.	
3. NAME OF DECEASED (Type or Print) a. (First) Julian b. (Middle) C. c. (Last) Roden		4. DATE OF DEATH (Month) (Day) (Year) 11-7-56	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH 7-27-1909
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION Motion Picture Oper	11. BIRTHPLACE St. Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME William Roden	13b. MOTHER'S MAIDEN NAME Rebecca Cohen
14. NAME OF HUSBAND OR WIFE Lillian Roden		15. WAS DECEASED EVER IN U.S. ARMED FORCES? no	16. SOCIAL SECURITY NO. 498-10-2808
17. INFORMANT'S SIGNATURE OR NAME Lillian Roden		ADDRESS 4552 Evans	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PANCREAS		Liver Metastasis	
ANTECEDENT CAUSES		Interval between onset and death Unknown	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		undeter- Hepatic Cirrhosis (Etiology/ mined)	
Conditions contributing to the death but not related to the disease or condition causing death.		Unknown	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Liver biopsy (Barnes Hospital) revealed Carcinoma Pancreas		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) 157X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 May 2, 1955, to Nov. 7, 1956, that I last saw the deceased alive on Nov 7, 1956, and that death occurred at 4:50 pm., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles P. Ford, M.D.		23b. ADDRESS 2746a Franklin Ave.	23c. DATE SIGNED 11-9-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem	24b. DATE 11-13-56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. NOV 10 1956	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manuel Und. Co. 1711 N. Taylor	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *45756*

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.