

FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
6573
545

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>LEMAY</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSP NO 1</i>		Length of stay in lb <i>D.O.A.</i>	d. STREET ADDRESS (If outside, give location) <i>NO 1 CLIFF DR.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>LOUIS</i> Last <i>RODERMUND</i>			4. DATE OF DEATH Month <i>JAN.</i> Day <i>14</i> Year <i>1957</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APR. 27-1895</i>	9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>18</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MAINTENANCE MAN</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>KACLEDE GAS Co.</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>RODERMUND</i>			14. MOTHER'S MAIDEN NAME <i>MAMIE</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES W.W. NO 1</i>		16. SOCIAL SECURITY NO. <i>492-03-7793</i>		17. INFORMANT <i>MRS MARY E. RODERMUND</i> Address <i>NO 1 CLIFF DR LEMAY MO.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Chronic myocarditis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>420.1</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i> <i>5 yrs</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>420.1</i>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Dec 9 53</i> to <i>Jan. 14 57</i> and last saw her alive on <i>Jan 13 57</i> Death occurred at <i>8:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Vern C. [Signature]</i>			22b. ADDRESS <i>7702 Long Av</i>		22c. DATE SIGNED <i>1/18/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>JAN-19-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>PARK LAWN PEM.</i>		23d. LOCATION (City, town, or county) (State) <i>LEMAY MO</i>
24. FUNERAL DIRECTOR <i>FEY FUNERAL HOME, MENAUVILLE MO.</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 18 57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, md</i> <i>m. J. B.</i>	

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Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this certificate. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Gustav W. Dietrich*
Licensed Embalmer No. *4*
P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.