

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3509
STATE FILE NUMBER
304

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 Missouri b. COUNTY | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Mo Baptist | | | Length of stay in 1b DOA | | d. STREET ADDRESS (If outside, give location) 2470 3324 California Ave | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last John Rodenhauer | | | | 4. DATE OF DEATH Month Day Year Jan 9 1958 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 27 1893 | | 9. AGE (In years last birthday) 64 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY R R | | 11. BIRTHPLACE (City and state or country) Waterloo Ill | | 12. CITIZEN OF WHAT COUNTRY? U S | | |
| 13a. FATHER'S NAME William Rodenhauer | | | 13b. MOTHER'S MAIDEN NAME Catherine Kern | | | 14. NAME OF HUSBAND OR WIFE None | | |
| 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. | | 17. INFORMANT Address Edna Woerner 2300 Russell Blvd | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema, Acute DUE TO (b) Heart Failure DUE TO (c) Hemoptysis - etiology unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchogenic Carcinoma RUL, operated 7/3/57 | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 3 days 4 days | | |
| 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.) 163x | | | | | |
| 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 6-10-57 to 1-9-58 and last saw him alive on 1-7-58 Death occurred at 12:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) A J Steiner MD | | | | 22b. ADDRESS 3903 Olive St | | 22c. DATE SIGNED 1-10-58 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 1/13/58 | 23c. NAME OF CEMETERY OR CREMATORY Conrad Kolmer Memorial | | 23d. LOCATION (City, town, or county) (State) Waterloo Illinois | | | |
| 24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen | | | | 25. DATE RECD. BY LOCAL REG. JAN 10 '58 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith MD <i>m 8/13</i> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard K. Lohman*

Licensed Embalmer No. *3395*

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