Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012229

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3233

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN University City 4346 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 14 Jewish Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 7422 Delmar Blvd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MORRIS Middle Last RODENBERG		4. DATE OF DEATH Month March Day 18, Year 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Oct. 1,1891
9. AGE (In years last birthday) 66	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) Executive	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and state or country) Romania 6	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Simon Rodenberg	13b. MOTHER'S MAIDEN NAME Anna Silverstein	14. NAME OF HUSBAND OR WIFE Rose Rodenberg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Address Mrs.Rose Rodenberg-7422 Delmar Blvd.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of the Stomach

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 151x

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastases to Liver

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 January 1957, to March 18, 1958 and last saw him alive on March 17, 1958

Death occurred at 6:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Michael M. Karl MD 0	22b. ADDRESS 4952 Maryland	22c. DATE SIGNED 3-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/20/58	23c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery
23d. LOCATION (City, town, or county) (State) St. LouisCounty, Missouri		
24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar	25. DATE RECD. BY LOCAL REG. MAR 19 '58	26. REGISTRAR'S SIGNATURE J Carl Smith MD MBB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be tested. All diseases in Part I must be causally related.

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 Peter B. Dubrouille

Licensed Embalmer No. 3691

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.