

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030905
STATE FILE NUMBER 8210

FILED SEP 8 1958 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) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 91 4262 Ellenwood		Length of stay in lb 57 yrs of 15 1/2	
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE P. RODENKIRCHEN		4. DATE OF DEATH Month Day Year August 22, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Febr. 1, 1876
9. AGE (In years last birthday) 82	10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Tool & Die Maker	11. BIRTHPLACE (City and state or country) Germany 4	12. CITIZEN OF WHAT COUNTRY? yes
13a. FATHER'S NAME Phillip Rodenkirchen	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Elizabeth Kuehling Rodenkirchen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not known) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-03-5797	17. INFORMANT Address 4262 Mrs. Elizabeth Rodenkirchen, Ellenwood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral hemorrhage August 1 '58 Hypertensive artery disease with hemiplegia DUE TO (b) Hypertensive Artery Disease with Hemiplegia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			INTERVAL BETWEEN ONSET AND DEATH 22 days 8 years.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) 2			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 August 1st to August 21st '58 and last saw him alive on Aug. 21, 8 p. m. Death occurred at 12:15 A. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE W. F. Simon M.D.		22b. ADDRESS 1115 Victor Str. St. Louis, Mo. Tel. Cr. 1-0078	
22c. DATE SIGNED 8.22.58		22d. SIGNATURE J. Earl Smith Inc.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE August 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Beiderwieden F.H. Inc., 1936 St. Louis		25. DATE RECD. BY LOCAL REG. AUG 23 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith Inc.

300
1-57
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1-2 P.M.

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 *Homer W. Feutz*

Licensed Embalmer No. *3882*
P. O. Address *St. Louis*

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.