

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21637

**1. PLACE OF DEATH**

County.....  
Township.....  
City ST Louis

Registration District No. 791  
Primary Registration District No. 3002

File No. ....  
Registered No. 5636  
St. .... (Ward)

**2. FULL NAME**

(a) Birdie Rhodes, No. 2100 Chestnut, St., 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred Unknown yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Rhodes  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-3<sup>rd</sup> 1906  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
28 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) unk. 11. Total time (years) spent in this occupation. unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis TENN

13. NAME Manuel Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN

15. MAIDEN NAME Louise Blackstock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis TENN

17. INFORMANT James Rhodes (ADDRESS) 2100 Chestnut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7-1- 1935

19. UNDERTAKER Chas. J. Gattis (ADDRESS) 4107 Zephyr Ave.

20. FILED III - 1 1935 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 29 1935

22. I HEREBY CERTIFY That I attended deceased from June 21 1935 to June 29 1935

I last saw him/her alive on June 28 1935 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Solar Pneumonia Date of onset June 20-35  
Chronic  
Inflammatory  
Rheumatism one year  
108

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify (Signed) J. S. Jaques, M. D.  
(Address) 2137 Market

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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