

U. S. No. 2  
1-11-10-39  
Rev. 5-17-39  
I X21492

FILED SEP 25 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27012

F-6385  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 6908

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County. Missouri  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Pearl Rhodus 320

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jesse C. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 26, 1897.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 11 18 \_\_\_\_\_br. \_\_\_\_\_min.

9. Birthplace St. Louis, Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business  
MOTHER FATHER { 12. Name Bartholemew Beall  
13. Birthplace Dont know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Bidenbaugh  
15. Birthplace Dont know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse C. Rhodus  
(b) Address 3922 Randall Street

17. (a) Burial (b) Date thereof 8/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director J. G. Bredeck  
(b) Address 2842 Veramec Street

19. (a) AUG 15 1940 (b) J. G. Bredeck  
(Date received at registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3922 Randall Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 14.  
year 1940 hour 6:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 10th, 1940, to August 14th, 1940  
that I last saw her alive on August 14th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Appendicitis  
Obesity  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: See above  
Of operations \_\_\_\_\_  
Of autopsy See above  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature J. G. Bredeck (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette, St. Louis Date signed 8/14/40

---

---

**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.....

Joseph S. Benz

Registered Apprentice No. 218

working under my personal supervision.

Signed.....

*Herman A. Gebken*

Licensed Embalmer No. 2120

2842 Meramec Street

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 this body is not embalmed, above space should be left blank.**