

13-40  
17-39  
X23159

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital, #1.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John Rhodus

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Late Minnie Rhodus 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 8th 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Franklin County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business \_\_\_\_\_

12. Name John Rhodus

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Kary

(b) Address 4344 Vista Ave.

17. (a) Burial (b) Date thereof 9-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 26 1940 (b) J.F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town 4344 Vista Ave. / 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Louis  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25,  
year 1940 hour 5:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from September 9, 1940, to September 25, 1940  
that I last saw him im alive on September 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of Prostate

Due to Uræmia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

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 \_\_\_\_\_

23. Signature J. Mc Donald (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Date signed 9/25/40

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

MOTHER FATHER

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Edison M. Perrott*

Licensed Embalmer No.

*3024*

P.O. Address.....

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, fact should be so stated above.