

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39818

Registration District No. 74

Primary Registration District No. 11

Registrar's No. 2133

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Saint Louis, Co. Missouri.  
(If outside the city limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1112-A Ralph Terrace Richmond Heights  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days) 2

3. (a) PRINT FULL NAME James Rhodes.

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased March 7th, 1940.  
(Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name John D. Rhodes

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

14. Maiden name Bessie L. Schmid.

15. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John D. Rhodes

(b) Address 1112-A Ralph Terrace Richmond Heights

17. (a) Cremation (b) Date thereof Nov. 12, 1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Eugenheim Bros.

(b) Address 2023 Cherokee Street.

19. (a) NOV 12 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis

(c) City or town Saint Louis, Co. Missouri.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1112-A Ralph Terrace Richmond Heights  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th,  
year 1940. hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Mar 7  
\_\_\_\_\_, 1940, to Nov 11, 1940

that I last saw him alive on Nov 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Spear Rifle

Due to Congenital

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

Other conditions Intermittent Hydrocephalus  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 157a-

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

Duration

Life

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 [Signature] (M. D. or other) \_\_\_\_\_

Address 634 N. Grand Blvd Date signed 11/12/40

COPY TO BLACK INK—MAKE A PERMANENT RECORD  
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.

**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 V. E. Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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.**