

FILED JUL 28 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6074**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days** (Specify whether years, months or days)

In this community **22 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL") **1821**

(d) Street No. **2729 Lucas** (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Arthur Rhodes**

3. (b) If veteran, name war **none,**

3. (c) Social Security No. **?**

4. Sex **Male** 2

5. Color or race **colored**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **August 14th, 1913.**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>28</b>	<b>11</b>	<b>0</b>	hr. min.

9. Birthplace **Marelian, Mississippi.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Building Laborer.**

11. Industry or business **Construction Work,**

12. Name **Ruben Rhodes,**

13. Birthplace **Marelian, Miss.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie McDowell,**

15. Birthplace **Marelian, Miss.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruben Rhodes**

(b) Address **1031 N. Leffingwell, St. Louis,**

17. (a) **Burial** (b) Date thereof **July 20th 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dickson Cem**

18. (a) Signature of funeral director **W. Houston**

(b) Address **2812 Thomas, St. Louis, Mo.**

19. (a) **JUL 18 1942** (b) **J. F. Medeck**  
(Date received from registrars) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14,** year **1942** hour **12** minute **30** A. M.

21. I hereby certify that I attended the deceased from **July 10,** 19 **42** to **July 14,** 19 **42** that I last saw him alive on **July 14,** 19 **42** and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant Hypertension**  
**Chr. Nephritis with Uremia**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 **S. E. Smith** (M. D. or other) **0**  
Address **2601 Whittier** Date signed **7/5/42**

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**STATEMENT BY LICENSED EMBALMER**

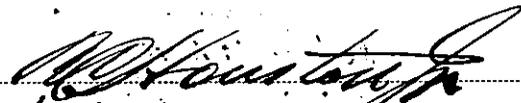
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Myself**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **2266**.....

P. O. Address **2812 Thomas, 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, fact should be so stated above.**