

FILED FEB 23 1943 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(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 JOHNS HOSP.
(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. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 0215
1211

(c) City or town ST LOUIS 811
(If outside city or town limits, write "RURAL")

(d) Street No. 3643 EVANS AV.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH RHODES

3. (b) If veteran, name war SPANISH WAR 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 6
year 1943 hour 7 minute 100 M.

21. I hereby certify that I attended the deceased from Jan 28 1943 to Feb 6 1943
that I last saw him alive on Feb 5 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CARRIE RHODES 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased JULY 27 1880
(Month) (Day) (Year)

Immediate cause of death acute postural coronary occlusion

Duration

8. AGE: Years 62 Months 6 Days 9
If less than one day hr. min.

Due to Generalized arteriosclerosis + chronic bronchitis

Due to myocardial infarction

9. Birthplace TERRE HAUTE INDIANA
(City, town, or county) (State or foreign country)

Other conditions Hypertension

(Include pregnancy within 3 months of death)

10. Usual occupation PORTER

Major findings: Of operations

11. Industry or business HOSPITAL

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name JOHN RHODES

13. Birthplace TERRE HAUTE INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant MRS. CARRIE RHODES

(b) Address 3643 EVANS AV.

17. (a) BURIAL (b) Date thereof 2-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director CULLINABLE BROS

(b) Address 1210 N GRAND BLVD

19. (a) FEB 7 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 Omar S. Budge (M. D. number)

Address St. Johns Hospital Date signed 2/19/43

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..... *Fred Frick*

Licensed Embalmer No..... 3186

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, fact should be so stated above.