

FILED JAN 20 1944 318

State File No. _____
Registrar's No. 168

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(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. John's Hospital 0
(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..... **17**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **911**
(d) Street No..... **3715 EVANS AVS.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Carrie Anna Rhodes**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**
4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Joseph Rhodes**
6. (c) Age of husband or wife if alive..... years
5 1875
7. Birth date of deceased **June 5 1875**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **4**
year **1944** hour **6** minute **40 P.** M.
21. I hereby certify that I attended the deceased from **Jan 2**
1944, to **Jan 4** 1944;
that I last saw her alive on **Jan 4** 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death **cardiovascular renal disease** Duration **2 weeks**
Due to **arteriosclerosis**
Due to **121 a**
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Underline the cause to which death should be charged statistically.
enlarged, large fibroid uterus no malignancy

8. AGE: **68** Years Months **6** Days **29**
If less than one day hr. min.
9. Birthplace **Michigan City Indiana 1**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business
12. Name **Richard Charles Schneider**
13. Birthplace **Germany 4**
(State or foreign country)
14. Maiden name **Fanny Arnold**
15. Birthplace **New York 1**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Zella Uhlemann**
(b) Address **18520 W. 7 Mile Road Detroit Mich.**
17. (a) **Burial** (b) Date thereof **Jan 7 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters Cemetery**
18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester Ave.**
19. (a) **JAN 7 1944** **J. F. Bruce**
(Date year and 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 **0**
Signature **Philmore Howell MD.** (M. D. or other)
Address **St. John's Hospital** Date signed **Jan 6, 1944**

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 3452

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

Signed David C. Gibson
Licensed Embalmer No. 3454
P. O. Address 7456 Manchester

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.