

FILED MAR 6 1944 318 STANDARD CERTIFICATE OF DEATH 1003

State File No. \_\_\_\_\_

Registrar's No. 1770

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (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 G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo. 8 days  
(Specify whether  
 In this community Indef.  
years, months or days)

3. (a) PRINT FULL NAME George Rhodes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 709-01-5452

4. Sex Male 5. Color or Race Col 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 Feb 15th 1899  
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Swiss Point Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

12. Name Thomas Rhodes

13. Birthplace Swiss Point Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jackson

15. Birthplace Jones Town Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Rhodes

(b) Address 3222 Franklin ave

17. (a) Burial (b) Date thereof 2-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Hinkle & Son

(b) Address 3133 Bell ave

19. (a) FEB 23 1944 (b) J. F. Berdes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3222 Franklin  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19,  
 year 1944 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from January 11, 1944, to February 19, 1944,  
 that I last saw him alive on February 19, 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cerebral Thrombosis  
 Duration 5 wks.

Due to \_\_\_\_\_  
 Due to 88

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 0

23. Signature W. J. Erwin (M. D. or other) \_\_\_\_\_  
 Address 2601 S. Whittier Date signed 2/21/44

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

MOTHER FATHER

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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.....

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

Signed *S. J. Watson*  
.....  
Licensed Embalmer No. *249*  
P. O. Address *2769 Route*

**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.**