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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8165

State File No. _____

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **2872**

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:
5311 Delore St
(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")
 (d) Street No. 5311 Delore St
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: WILLIAM L. RHODES
3. (b) If veteran. name war No
3. (c) Social Security No _____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise E. RHODES
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan 11 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 27
 year 1945 hour 7:25 minute PM
21. I hereby certify that I attended the deceased from 9-75 1940 to 3/27 1945
 that I last saw him alive on 2/27 1945
 and that death occurred on the date and hour stated above.

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
66	2	16		

Immediate cause of death
Generalized Lymphosarcoma
(Lymph. nodes of neck,
abdomen, mediastinum)
 Due to _____
 Due to _____
 Other conditions (Includes pregnancy within 3 months of death) _____
 Major findings: As above
 Of autopsy _____

9. Birthplace Elsa Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Bell Telephone Co
11. Industry or business Retired 1 Yr
12. Name Wm H Rhodes Rhodes
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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) (c) Means of injury

16. (a) Informant Louise Rhodes Rhodes
(b) Address 5311 Delore St
17. (a) Burial (b) Date thereof 3 30 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freibens Cemetery
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway
19. (a) MAR 30 1945 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature Louise Rhodes (M. D. or other)
Address 3778 Worshy Dr Date signed 3/28/45

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

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 Edwin D. McDermond
Licensed Embalmer No. 3024
P. O. Address.....

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.