. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10485

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11573

FILED MAR 18 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2156

1. PLACE OF DEATH:

(a) County Nil

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

(c) Name of hospital or institution: Deaconess Hospital U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/29/46 to 3/4/46 (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 715 Landscape Ave 4 NR
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry F. Rhode

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex M. D

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 12 (Month) 12 (Day) 1875 (Year)

8. AGE: Years 70 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Muscatine (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Woodward-Tiernan Prtg Co

FATHER
12. Name Fred Rhode
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Ella Rhode

(b) Address 715 Landscape Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Mittelberg Fun Home

(b) Address Webster Groves Mo

19. (a) MAR 5 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4
year 1946 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from Jan 29, 1946, to 3-4, 1946
that I last saw h. 1 M alive on 3-3, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Empyema Rt Chest	5 days
Due to Pneumonia, Terminal	10 "
Due to Perisplenitis	36 "
Other conditions Adeno Carcinoma Lt Kidney (Include pregnancy within 3 months of death)	C

Major findings: Of ~~operations~~ Empyema Left Chest
Adeno Carcinoma Left Kidney
Of autopsy Perisplenitis
Enlarged Heart

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature P M Webb (M. D. or other) MD

Address 4501a Manchester Date signed 3-5-46

(Licensed Embalmer's Statement on Reverse Side)

4501 Manchester
L. M. Webb. Dr.

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address 340 W. Adams Kirkwood 22 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.