

Registration District No. **3** Primary Registration District No. **3066**

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Old Folks Home **5**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura M. Rhodes

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

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife W. P. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 24, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 7 17 hr. min.

9. Birthplace Crystal Springs, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name Kane

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Callie Rodgers

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Brown, Matron

(b) Address Old Folks Home

17. (a) Burial (b) Date thereof 11/13 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Louis H. Poppe, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 11-14-46 (b) Ruth J. Alen  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 S. Kirkwood Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 11  
year 1946 hour 11:45 minute 0 M.

21. I hereby certify that I attended the deceased from 1-15-40  
to 11-11, 1946  
that I last saw her alive on 11/10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation  
Due to Chronic myocarditis

Due to 93d  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature C. A. Heslie (M. D. or other) M.D.  
Address Kirkwood, Mo. Date signed 11/14/46

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

36947

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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..... *Felix Hurand* .....

Licensed Embalmer No. *3034* .....

P. O. Address..... *Kinwood (22)* .....

**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.**