

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

42866

State File No.

Registration District No.

Primary Registration District No. Registrar's No. **10701**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2218 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 35 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2218 Chestnut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID RHODES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 11th
year 1946 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male? 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille Rhodes 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Jan 20 1902
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Demerol hypodermic
base - found at the foot of the stairs at his home
Duration December 11 1946 about 5:45 A.M.

8. AGE: Years 46 Months 10 Days 21 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 195
Of operations _____
Of autopsy 19
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Abt Rhodes

13. Birthplace not known (City, town, or county) Tenn. (State or foreign country)

14. Maiden name Lucy Ann Rhodes

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

16. (d) Informant Abt Rhodes

(b) Address 2925 Cass

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A.P. Richards

(b) Address 2625 Glasgow

19. (a) DEC 14 1946 (Date received local registrar) J.F. Brudeck (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence December 11, 1946
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? ? (Specify type of place) (e) Means of injury as above
23. Signature Peterson E. Myler (M. D. or other) _____
Address _____

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 *W. Richardson*

Licensed Embalmer No. 2928

P. O. Address *Aty*

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.