

**FILED FEB 3 1947 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town **ST. LOUIS.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital **HOMER G. PHILLIPS HOSPITAL**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) **5 1/2 yrs.**

**3. (a) PRINT FULL NAME** **WARD ~~PHILLIPS~~ RHODES**  
**3. (b) If veteran,** name war **WORLD WAR I** **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** **MALE** **5. Color or race** **C** **6. (a) Single, widowed, married, divorced** **MARR.**  
**6. (b) Name of husband or wife** **MATTIE** **6. (c) Age of husband or wife if alive** **25** years  
**7. Birth date of deceased** **6 9 1895**  
(Month) (Day) (Year)

**8. AGE:** Years **51** Months **7** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **ST. LOUIS, MO.**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **LABOR**

**11. Industry or business** \_\_\_\_\_  
**12. Name** **THOMAS RHODES**  
**13. Birthplace** **NASHVILLE TENN**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **MARY E. WILLIAMS**  
**15. Birthplace** **NASHVILLE TENN**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mattie Lue Rhodes**  
**(b) Address** **3711 Dicks**

**17. (a) BURIAL** **(b) Date thereof** **1-25-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **NATIONAL**

**18. (a) Signature of funeral director** **Bessie Lowe**  
**(b) Address** **3103 Washington Blvd**

**19. (a) JAN 22 1947** **(b) D. F. Bredebeck**  
(Date received local registrar) (Registry's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County \_\_\_\_\_  
 (c) City or town **ST. LOUIS.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3418 LOCAS, AV.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Jan** day **18**  
 year **1947** hour **6** minute **00** P.M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
**Chronic Hypertensive Myocarditis**  
 Due to \_\_\_\_\_  
 Due to **93**  
 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 \_\_\_\_\_ (Specify type of place)  
 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address **Deputy Mayor** Date signed **1/29/47**

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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..... *H. Claude Gordon*.....

Licensed Embalmer No..... *3489*.....

P. O. Address..... *4575 Alder*.....

**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.**