

S. No. 2  
1-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43426

State File No. 11468  
Registrar's No.

FILED DEC 31 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  
(c) Name of hospital or institution: City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 hours  
In this community 31 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME PINCKNEY RHODES  
3. (b) If veteran, name war Nil 3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced D  
6. (b) Name of husband or wife Mildred 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 5, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 0 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bollinger County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer  
retired

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

12. Name Jacob Rhodes  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Robins  
15. Birthplace Benton, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Amanda Hogan  
(b) Address 328 Russell Avenue

17. (a) burial (b) Date thereof 12-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Avenue

19. (a) DEC 16 1947 (b) J. F. Brubaker  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County oac  
(c) City or town St. Louis  
328 Russell Avenue  
(If outside city or town limits, write "RURAL")  
(d) Street No. 23 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 13<sup>th</sup>  
year 1947 hour \_\_\_\_\_ minute 05<sup>0</sup> 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 Myocardial Infarction  
Diabetes Mellitus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury Myocardial Infarction  
23. Signature Patrick & Taylor (a. For other) \_\_\_\_\_  
Address 1200 Black Street Date signed 12/16/47

**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..... *E H Cooper*  
Licensed Embalmer No. *2830*  
P. O. Address *230 Lafayette*

**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.**