

S. No. 2
M-5-43
5-17-39
I. X36671

DEPARTMENT OF HEALTH OF MISSOURI
OFFICE OF THE REGISTRAR
FILED APR 30 1948
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14872
Registrar's No. 960

Registration District No. 3066

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
St.urgeon, Med. Off. in Charge

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution: U.S. Marine Hospital, Kirkwood, Mo.
(d) Length of stay: 65 days
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(d) Street No. 14 Stratford Lane
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME WILLIAM C. RHODES
(b) If veteran, name war W.W.I. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12th year 1948 hour 6:50 minute A.M.
21. I hereby certify that I attended the deceased from Feb. 7th, 1948, to Apr. 12th, 1948
that I last saw him alive on Apr. 11th, 1948 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Terrenie Rhodes 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August 4 1888

Immediate cause of death
Arteriosclerotic heart disease 2 yrs.
Glomerulonephritis, subacute 8 mo.
Due to Cirrhosis of liver due to passive congestion 8 mo.
Due to 1248
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
59 | 8 | 8 | hr. min.

Major findings:
Of operations X
Of autopsy X
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Fredericktown Missouri

10. Usual occupation Railway Postal Clerk

11. Industry or business Railway Mail Service

12. Name William Rhodes

13. Birthplace Missouri

14. Maiden name Emma Russell

15. Birthplace Missouri

16. (a) Informant clinical records

17. (a) BURIAL (b) Date thereof 4-15-1948

18. (a) Signature of funeral director CHRISTIAN C. FREDERICKTOWN
(b) Address 6409 GRAYSON AVE St. Louis Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? X
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X
(Specify type of place) While at work X (c) Means of injury X
23. Signature John R. Kelsey M.D.
Address U.S. Marine Hosp., Kirkwood, Mo.

19. (a) 4-14-48 (b) Carol J. Kelsey
(Date received local registrar) (Registrar's signature)
(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1957

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 Homer W. Britz

Licensed Embalmer No. 3882

P. O. Address.....

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.