

36770

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

OCT 21 1952

BIRTH NO. 72811 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9273

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> <u>2209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		d. STREET ADDRESS (If rural, give location) <u>20 1804 Glasgow Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhodes</u> b. (Middle) <u></u> c. (Last) <u></u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1952</u>	
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Sept 27 1952</u>
9. AGE (In years last birthday) <u>2</u> <u>5</u>		10. AGE (In years last birthday) If UNDER 1 YEAR: Months <u>2</u> Days <u>5</u> If UNDER 10 yrs. Hours <u>2</u> Mins. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Harry Lee Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Mae White</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry &amp; Ruby Rhodes</u>		ADDRESS <u>1804 Glasgow City</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity-Incompetible with life 24 weeks neonatal atelectasia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>7625</u>			
22. I hereby certify that I attended the deceased from <u>Sept 27 1952</u> , to <u>Sept 27 1952</u> , that I last saw the deceased alive on <u>Sept 27 1952</u> , and that death occurred at <u>5:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Miriam M. Penney MD</u>		23b. ADDRESS <u>630 S. Kings Highway</u>	
23c. DATE SIGNED <u>9-30-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-31-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 7 1952</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland</u>		ADDRESS <u>4104 Manchester</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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\_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. ....

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.