

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

39158

State File No.

BIRTH NO. 74320-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9427

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN St. Louis, c. LENGTH OF STAY (in this place) 2 Days

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary

e. STREET ADDRESS (If rural, give location) 52 11 Lotus

3. NAME OF DECEASED (Type or Print) a. (First) Wallace b. (Middle) Rhodes c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 10-17-54

5. SEX - M.

6. COLOR OR RACE Negro

7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH 10-15-54

9. AGE (In years last birthday)

IF UNDER 1 YEAR Months 2

IF UNDER 24 HRS. Days

IF UNDER 60 MIN. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No

10b. KIND OF BUSINESS OR INDUSTRY No

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Dewitt Rhodes

13b. MOTHER'S MAIDEN NAME Anna Pearl Rhodes

14. NAME OF HUSBAND OR WIFE No

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Pearl Rhodes 5211 Lotus

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) Virus Pneumonia
INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 7630

22. I hereby certify that I attended the deceased from 10-17, 1954, to 10-17, 1954, that I last saw the deceased alive on 10-17, 1954 and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thorne N. Little M.D.

23b. ADDRESS 3167 Sheridan Ave.

23c. DATE SIGNED 10-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Oct. 18, 1954

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) (State) 6571 St. Louis ave

DATE REC'D BY LOCAL REG. OCT 18 1954

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. McCLENDON 4535 Washington

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.....
Signature of Student Embalmer

Signed *John K Cunningham*.....

Licensed Embalmer No. *447*.....

P. O. Address *4702 Han*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Not