

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020072

STATE FILE NUMBER

318

1003

5800

FILED JUN 11 1958

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5515 Davison Avenue		Length of stay in lb 1 year 2 7/8		d. STREET ADDRESS (If outside, give location) 5515 Davison Avenue	
3. NAME OF DECEASED (Type or print) First Leighton Middle A. Last Rhodes			4. DATE OF DEATH Month June Day 3 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 27 1911	9. AGE (In years last birthday) 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Landis Machine Co		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13a. FATHER'S NAME William Rhodes		13b. MOTHER'S MAIDEN NAME Mae Smith		14. NAME OF HUSBAND OR WIFE Josephine Rhodes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-14-6866		17. INFORMANT Mrs. Josephine Rhodes, 5515 Davison Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary thrombosis DUE TO (c) 420.1					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT. SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 31, 1957 to June 3, 1958 and last saw him alive on May 12, 1958 Death occurred at 2:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Henry C. Westerman, M.D. (Degree or title)			22b. ADDRESS 2136 East Grand Ave		22c. DATE SIGNED 6-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 6 1958		23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
		23d. LOCATION (City, town, or county) St. Louis		(State) Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av			25. DATE RECD. BY LOCAL REG. JUN 4 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clement M. Guay*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.