

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3124

1 PLACE OF DEATH

County

Township
or

Village
or

City St Louis Mo (NO. #213 N 14th)

Registration District No. 791

File No.

Primary Registration District No. 003

Registered No. 40

St. 5 Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME

Charles S Rhodifer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE - MARRIED - WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH July 8 1849
(Month) (Day) (Year)

7 AGE 59 yrs 5 mos 23 ds IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Stone Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Causy + Taback

9 BIRTHPLACE (City or town, State or foreign country) Williamport Indiana

10 NAME OF FATHER James Rhodifer

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

12 MAIDEN NAME OF MOTHER Amanda Foster

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Nora B Rhodifer

(Address) #213 N 14th St

15 Filed JAN 8 1918 Max Starkloff
1918 Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 1 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar 10th 1917 to Dec 1918
that I last saw him alive on April 30, 1918
and that death occurred, on the date stated above, at 1750 m.

The CAUSE OF DEATH* was as follows:
Acute Gonorrhea
Complicated by atheroma
(Acute Gonalg condition only a few hours)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Atheroma (chronic)
(Duration) yrs. mos. ds.

(Signed) W. M. Dupree M. D.
Jan 2 1918 (Address) 219 N. 14th St

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL St. Anthony MO DATE OF BURIAL Jan 4 1919

20 UNDERTAKER C. R. Supton ADDRESS 4449 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

