

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

Do not use this space.

14860

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
Westminster Hosp.

File No.
Registered No. 3759
St. Ward)

2. FULL NAME

AUSTIN M. RHOADES

(a) Residence. No. 2538 HORDE AVE Jennings Mo. 8 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Maud Rhoades

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 29, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

38 | 4 | 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hamble Construction Co.

9. BIRTHPLACE (CITY OR TOWN) HARRIS
(STATE OR COUNTRY) MO

10. NAME OF FATHER John M. Rhoades

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harris
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Florence Watson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harris
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. A. M. Rhoades
(Address) 2538 Horde Ave Jennings Mo

15. FILED PR - 4 1923 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw h. alive on 19....., and that death occurred on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & injuries (Internal)
due to falling from scaffold

CONTRIBUTORY (SECONDARY) Accident
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner
4/4, 1928 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harris Mo. DATE OF BURIAL April 5 1928

20. UNDERTAKER A. K. Kron. L. W. ADDRESS 2767 North Grand

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.

WHILE ON PROBATION THIS IS A PERMANENT RECORD

