JAN 28 1929

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

Do not use this space.

42423

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 407
City Koch (No. Koch Hosp. St. Ward)

2. FULL NAME Rhodis Rhodis
(a) Residence. No. 817 North 18th St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred X yrs. 7 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	7	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocer Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greece

PARENTS
10. NAME OF FATHER: Crest Rhodis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Greece
12. MAIDEN NAME OF MOTHER: Papagin Pollinexi
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Greece

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Missouri

15. FILED Dec. 5, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5 '28 19

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1928 to Dec. 5, 1928 that I last saw him alive on Dec. 5, 1928 and that death occurred, on the date stated above, at 1:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis 23 A
31 25
37
About (duration) 4 or 5 Yrs mos. ds.

CONTRIBUTORY (SECONDARY) Gastro-Intestinal Tuberculosis
About (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum
(Signed) R. L. Ehrlich, M.D.
12/5/28 (Address) Koch Missouri

*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: St. Mathews — DATE OF BURIAL: Dec 7 1928
20. UNDERTAKER: C. L. Donnelly — ADDRESS: 2039 Wash

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD