

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

Do not use this space.

3999

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. 925-7-168)

File No.
Registered No. 1248
St. Ward

2. FULL NAME

Robert Rhodes
(a) Residence, No. 925-7-168 St. 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 57

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. found labor
(b) General nature of industry, business, or establishment in which employed (or employer). Old jobs
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) N. C.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Henry Doyle
(Address) 925-7-168 St.

15. FILED JAN 31 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1931, to Jan 29 1931, and that I last saw him alive on Jan 27 1931, and that death occurred, on the date stated above, at 12:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Coma
131 (duration) about 40 hrs
132 CONTRIBUTORY Chronic Nephritis
(SECONDARY) (duration) Indefinite ds.

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

DID AN OPERATION PRECEDE DEATH? no, DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical & bacteriology
(Signed) J. W. Gray, M. D.
. 19 (Address) 43 W. Easton

*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 Washington Park Cem. DATE OF BURIAL 2-1 1931

20. UNDERTAKER A. S. Beard and Co. ADDRESS 2726 Julia Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every case of infectious disease or infectious poisoning should be stated EXACTLY. PHYSICIANS should state every case of infectious disease or infectious poisoning.

