

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

Do not use this space.  
**42896**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **Central Hospital - 4518 Washington** Ward)

**2. FULL NAME**

**Thomas E. Rhodes.**  
 (a) Residence, No. **4131 Washington Ave.** Ward. **19**  
 (Usual place of abode) (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alice St. Rhodes.**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 23-1874**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**57 6 5**  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Physician**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **M. D.**  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

13. NAME **Hiram A. Rhodes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mis**

15. MAIDEN NAME **Adelaide Thompson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Dr. Sylvan H. Rhodes.** (ADDRESS) # **4131 Washington, Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chester, Ill** DATE **12-30-1931**

19. UNDERTAKER **P. R. Epton & Sons.** (ADDRESS) # **4449 Olive Street.**

20. FILED **DEC 29 1931** 19 **Ray C. Starke** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec, 28<sup>th</sup>, 1931.**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 28**, 19**31**, to **Dec 28**, 19**31**

I last saw him alive on **Dec 28**, 19**31** Death is said to have occurred on the date stated above, at **6:15 am.**

The principal cause of death and related causes of importance were as follows:

**1107 Empyema**  
**110**  
**110**

Date of onset **Dec 5-7**

Other contributory causes of importance:

Name of operation **Thor. extirpation** Date of.....  
 What test confirmed diagnosis? **Aspiration** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **None** Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) **John C. Brown**, M. D.  
 (Address) **4218 Washington Ave**

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.

2-4-<sup>am</sup> 6<sup>30</sup>-8<sup>am</sup>

Central Hosp.:  
4518 Washington