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

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.

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

Do not use this space.
37866

File No.
Registered No. 10572

1. PLACE OF DEATH

County
Registration District No. 7801
Township
Primary Registration District No.
City St. Louis (No. City Hospital St. Ward) 14076

2. FULL NAME Ettie Rhyman

(a) Residence, No. 4108 Laclede Ave. Ward. 10
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert S. Rhyman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14 - 1858

7. AGE: Years 74 | Months 9 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Iowa

FATHER

13. NAME: John Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE 12/1 1932

19. UNDERTAKER (ADDRESS): Alexander & Sons 6275 Delmar

20. FILED NOV 29 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17th, 1932, to Nov. 28th, 1932
I last saw her alive on Nov. 28th, 1932. Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-29-32
Arteriosclerosis	
Gangrene	

Other contributory causes of importance:

Chronic Pyelonephritis	11-17-32 +
Rt. Hemiplegia	11-17-32 +

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) Arthur G. Weiss, M. D.
(Address) City Hospital

Rhyman