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.

NOV 10 1933

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

Do not use this space.

35042

1. PLACE OF DEATH

County ..... Registration District No. 701 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9254

City St. Louis Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Ellen Rhodes

(a) Residence, No. 2933 Easton Ave St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21-1878

7. AGE YEARS 55 MONTHS 1 DAYS 2 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) Alabama

FATHER

13. NAME Harry Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Lillie Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Wm Rhodes 2933 Easton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 10/27 1933

19. UNDERTAKER (ADDRESS) ELMER E. PETTIS 3030 BELLE AVE.

20. FILED 1 27 1933 19 J. Bledick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1933 to Oct. 28, 1933

I last saw her alive on 23 Oct., 1933. Death is said to have occurred on the date stated above, at 10:35 a.m.

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

Chronic myocarditis
Chronic interstitial nephritis
Hypertension

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify .....

(Signed) Franklin L. Rowe Loving M. D.

(Address) 930 N. Crowe