

SEP 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County... St. Louis Registration District No. 1170
Township... Central Primary Registration District No. 6248H
City... Fishers and Heights at Mary's Hospital File No. 28355
St. _____ Ward _____ Registered No. 168

2. FULL NAME

Dolores Rhoda
(a) Residence, No. 1412 Pendleton Avenue Ward. St. Louis, Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
-------------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1935.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
--		<u>2</u>	<u>9</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At home</u>
	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) St. Louis, Mo.

FATHER	13. NAME	<u>John Rhoda</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis, Mo.</u>

MOTHER	15. MAIDEN NAME	<u>Marcella Aubuchon</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis, Mo.</u>

17. INFORMANT (ADDRESS) Dolores Rhoda
1412 Pendleton Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Aug. 14, 1935

19. UNDERTAKER (ADDRESS) J. G. Gibson & Co.
2842 Jerome Street

20. FILED Aug 14, 1935 Gertrude Porter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935, to Aug 12, 1935
I last saw her alive on Aug 12, 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Dec. White

Date of onset 8-1-35

Other contributory causes of importance:
Chronic Media acute lateral 8-1-35

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

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) Julius A. Ross, M. D.
(Address) 4462 Washington Blvd.

Every year 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.

