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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 2818 Mill St. St. ..... Ward)

File No. 18326

Registered No. 4902

2. FULL NAME Virginia Rhodes

(a) Residence, No. 2818 Mill St. St., 21 Ward.
(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: Female

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April, 5, 1885

7. AGE: 52 YEARS | MONTHS: 0 | DAYS: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nil

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): Yazoo Miss

FATHER

13. NAME: Anderson Beck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

MOTHER

15. MAIDEN NAME: Hattie Jones.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga.

17. INFORMANT (ADDRESS): Lewis Rhodes, 2818 Mill St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE 5/15/ 1937

19. UNDERTAKER (ADDRESS): Ellis Funeral Home. 2820 Stoddard St.

20. FILED MAY 14 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jun 20, 1936, to May 5, 1937

I last saw her alive on May 5, 1937. Death is said to have occurred on the date stated above, at 2:00P m.

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

Chronic myocarditis

Hypertension

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? clin. 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) M. A. Mueller, M. D.

(Address) 2330 Franklin