

001-1-1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32589
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2601** N Whittier St.
life death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Louise Rhen**
(a) Residence, No. **2725 Lawton** St. **21**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **---**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **-----**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 16 July 16, 1937**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
9. Industry or business in which work was done, as 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 Missouri**

13. NAME **George Rhen**

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

15. MAIDEN NAME **Ruby Perry**

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

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **GREENWOOD** DATE **9-16** 19**37**

19. FUNERAL DIRECTOR **W. H. ...**
(ADDRESS) **3517 Lichfield Ave.**

20. FILED **SEP 15 1937**
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 13th 37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 11**, 19 **37** to **Sept. 13**, 19 **37**

I last saw her alive on **Sept. 13**, 19 **37** Death is said to have occurred on the date stated above, at **8:10** m. a.m.

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

Broncho-pneumonia Primary Date of onset **9/11/37**

Other contributory causes of importance: **107a**

Name of operation Date of
What test confirmed diagnosis? **Clinical** 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?
If so, specify **(Thorve)**
(Signed) **W. H. ...** M. D.
(Address) **2601 N. Whittier**

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.

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, at 3517 Laclede
Avenue, Sept. 13, 1937. L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed R. M. C. Green

Licensed Embalmer No. 1173

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)