

OCT 4 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32655

Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City SAINT LOUIS (d) Street No. DEACONESS HOSPITAL Registered No. 8709
 (If 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. 25 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nell Edith Rhea

(a) Residence, No. 5012 N. Kingshighway St. 7
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk, Dent. Store

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) Mo.

13. NAME Robert Rhea

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lou Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. B. F. Watson
 (ADDRESS) 5012 N. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dixon, Mo. DATE Sept. 19, 1937

19. FUNERAL DIRECTOR Craig Undertaking Co.
 (ADDRESS) 4468 Washington Blvd.

20. FILE SEP 17 1937

J. H. Bredbeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1937

22. I HEREBY CERTIFY, that I attended deceased from July 19th 1937 to Sept. 17, 1937

Last saw him alive on Sept. 16, 1937 Death is said

to have occurred on the date stated above, at 10 m.

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

Carcinoma of liver Date of onset 1936

50

Other contributory causes of importance:

C. A. of Breast 1930

Name of operation Laparotomy Date of 7-28-37

What test confirmed diagnosis: Lab. 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? No

If so, specify _____

(Signed) J. H. Bredbeck M. D.

(Address) 2433 N. Grand St.

STATEMENT BY LICENSED EMBALMER

I, Philip M. Craig, Licensed Embalmer No. 3281
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Philip M. Craig

Licensed Embalmer No. 3281

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.)