

REC'D FEB 10 1939

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

443

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township **St. Louis** or Primary Registration District No. **1003**
 (c) City (d) Street No. **City Hospital No. 1** St.
 (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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jasper Rhodes
 (a) Residence, No. **4335 Evans** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 5, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Plasterer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 10. Date deceased last worked at this occupation (month and year) **5 yrs ago** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

FATHER 13. NAME **John Rhodes**

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

MOTHER 15. MAIDEN NAME **Ellen Klein**

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

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent City Hospital #1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Jan 16 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **John W. Clark 1125 Hodiamont Ave**

20. FILED **JAN 13 1939** **J. B. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/13/39** 19

22. I HEREBY CERTIFY That I attended deceased from **1/12/39** to **1/13/39**, 19...
 I last saw him alive on **1/13/39**, 19... Death is said to have occurred on the date stated above, at **5 a** m.
 The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease with failure Date of onset **chronic**
956

Other contributory causes of importance:

pulmonary edema non tubercular no pneumonia

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

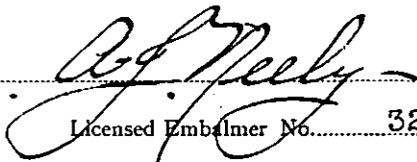
24. Was disease or injury in any way related to occupation of deceased? **Yes**
 If so, specify
 (Signed) **E. D. Dunch**, M. D.
 (Address) **City Hospital #1**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

-----, Registered Apprentice No. -----
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3225

P. O. Address 2238 Lucas & Hunt R

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.)

If this body is not embalmed, above space should be left blank.