

1939 MAR 13 1939

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

791  
1003

4753  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. **1446**  
(c) City St. Louis or ..... (d) Street No. St. Mary's Infirmary St. ....  
(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 **320 Samuel Rhodes**

(a) Residence, No. 2809 a Howard St. **20** (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 Colored 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) October 11, 1927

7. AGE YEARS 11 MONTHS 3 DAYS 30 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Boy  
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) Illinois

13. NAME David Rhodes

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

15. MAIDEN NAME Lucile ?

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

17. INFORMANT St. Mary's Infirmary (ADDRESS) 1536 Papin

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb. 14 1939

19. FUNERAL DIRECTOR (NAME) Mary Wade (ADDRESS) 4202 Finney Ave.

20. FILED **FEB 14 1939** J. D. Bieder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10 1939

22. I HEREBY CERTIFY, That I attended deceased from February 6 1939, to February 10 1939  
I last saw h. i. m. alive on February 10 1939 Death is said to have occurred on the date stated above, at 4:15 P. M.  
The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis Date of onset

Other contributory causes of importance: Infected Gangrenous appendix

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Y.E.S.

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) M. Wade M. D.  
(Address) 1536 Papin St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

