REC'D MAY 10 1939

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

12848
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3190
(c) City ST. LOUIS (d) Street No. 3801 Gravois 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.

320

2. PRINT FULL NAME Mrs Mamie Rhodes
(a) Residence, No. 3801 Gravois Avenue St. 16
(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): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Particulars unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG. 6, 1864

7. AGE: Years 74 Months 7 Days 27 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: AT HOME
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): Rochester N.Y.

FATHER
13. NAME: Hugh Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glosglow Scotland

MOTHER
15. MAIDEN NAME: Mary Denver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edinburg Scotland

17. INFORMANT (ADDRESS): Sister Mary of St Francis Xavier 3801 Gravois Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CALVARY CEMT. DATE: 4-5-39, 19

19. FUNERAL DIRECTOR (ADDRESS): ARTHUR J. DONNELLY 3840 LINDELL BLVD.

20. FILED: APR 5 1939 J. F. Budick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935 to April 3, 1939
I last saw her alive on April 3, 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | 1936 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hypertension | 1936 |
| Metastasis Carcinoma | |
| Breast | 1939 |

Name of operation: None Date of
What test confirmed diagnosis? Clinical & pathological 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) E. McGurk M. D.
(Address) 3547 Wyoming

(Licensed Embalmer's Statement on Reverse Side)

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.

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## STATEMENT BY LICENSED EMBALMER

I, A. F. Boedeker, Licensed Embalmer No. 2663

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

**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.)**