DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20592

Registration District No. 791 1008 JUL 12 1939

Primary Registration District No.

Registrar's No. 5436

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4580 Carter ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years at 4580 Carter Ave.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4580 Carter Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mildred L. Rhodes

3. (b) If veteran, name war None.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 10, 1904
(Month) (Day) (Year)

8. AGE: Years 35 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace East St. Louis (City, town, or county) Ill. (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name Hervey J. Rhodes
13. Birthplace Ills. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary L Fullbright
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Mary L Rhodes
(b) Address 4580 Carter Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-39 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.

19. (a) JUN 19 1939 (Received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1939 hour 8;00 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 15, 1938, to June 16, 1939
that I last saw her alive on June 16, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H H Stackelford (M. D. or other) MD
Address 3903 Olive Date signed 6/19/39

(Licensed Embalmer's Statement on Reverse Side)

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 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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair

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

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