- 27 1939

AUG 7 1939

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

26797
Do not use this space.

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1. PLACE OF DEATH
(a) County ST Louis 1 Registration District No. 784
(b) Township ST FERDINAND Primary Registration District No. 200 Registered No. 1355
(c) City Jennings (d) Street No. 8332 COLLAGE AVE JENNINGS MO. 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 3 yrs. mos. ds.

2. PRINT FULL NAME 320 THEODORE RHODES
(a) Residence, No. 8332 COLLAGE AVE JENNINGS MO
(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: 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: MARY RHODES
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 6 - 08
7. AGE: YEARS 30 MONTHS 8 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TIME KEEPER
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) July 25-1939
11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS 1

FATHER
13. NAME: JAMES RHODES 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS 1

MOTHER
15. MAIDEN NAME: ELIZEBETH SULLIVAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

17. INFORMANT (ADDRESS): MARY RHODES 8332 COLLAGE AVE JENNINGS MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK Co. DATE July 29 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): DIEDRICH F. HOME 8319 HALLS FERRY RD
20. FILED JUL 27 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July 27, 1939
I last saw him alive on July 26, 1939. Death is said to have occurred on the date stated above, at 6 15 A m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 7/26/39

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Other contributory causes of importance: Chronic myocarditis

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. F. Miller, M. D.
(Address) 8410 N Broadway St Louis Mo

(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 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.....

P. O. Address.....

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.