

SEP 14 1939

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

28006
Do not use this space.

1. PLACE OF DEATH H/270 = W Finney
(a) County W. Finney Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003 Registered No. 7506
(c) City St. Louis (d) Street No. 4416 West Belle Pl. 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 Mrs. Mamian Turner Rhodes
(a) Residence, No. 4416 West Belle Place 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 <u>F.</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22, 1874</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>school teacher</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Collinsville, Ill.</u>	
	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) <u>Lebanon Ill.</u>		
FATHER	13. NAME <u>Young Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Side, Miss.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Warren</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Miss Agnes Rhodes 4416 West Belle Pl.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon Ill.</u> DATE <u>Aug 31, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. C. Goffman 2649 Delmar Blvd.</u>		
20. FILED <u>AUG 31 1939</u> <u>J. D. Brubaker</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1939

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1939 to Aug 28, 1939
I last saw him alive on Aug 26, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance are as follows:
Arteriosclerosis
Hypertension
Angina Pectoris
Coronary Thrombosis

Other contributory causes of importance:
None

Name of operation: _____ Date of: _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. H. Haskall, M. D.
(Address) 4270 W. Finney Ave

(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.

DOM-9-19-38 I X16605

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.....

Wm Claude Gordon

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Wm Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2649 Delmar*

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.