

STANDARD CERTIFICATE OF DEATH

State File No.

34725

9263

Registration District No.

791  
100

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1521 Deere St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community 1 year

NOV 13 1939

3. (a) PRINT FULL NAME Robert F. Rhyman 550  
8. (b) If veteran, name war World War 8. (c) Social Security No. 494-03-4622  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mildred Rhyman 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased 1888 2 21  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 8 83 hr. min.

9. Birthplace San Diego, California  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business House

12. Name Albert Rhyman

13. Birthplace Unknown

14. Maiden name Etta Taylor

15. Birthplace Marshalltown, Ia.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred Rhyman

(b) Address 1521 Deere St.,

17. (a) Burial (b) Date thereof 11-1-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Burial

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6175 Delmar Blvd.

19. (a) OCT 30 1939 (b) J. F. Briedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 11  
1521 (If outside city or town limits, write "RURAL")  
(d) Street No. 1521 Deere St.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29<sup>th</sup>  
year 1939 hour 9 minute 55 p. M.

21. I hereby certify that I attended the deceased from Oct 29<sup>th</sup>, 1939, to Oct 29<sup>th</sup>, 1939;  
that I last saw him alive on Oct 29<sup>th</sup>, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day

Due to hypertension ?

Due to diabetes mellitus 5 yrs

Other conditions (include pregnancy within 8 months of death) 5

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Small W. Decker (M. D. or other)

Address 3148 Delmar Date signed 10/30/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

F. W. Jelfsken  
3148 A Olive St.  
Gf. 165-2  
9-11 am

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.....

Edbert C. White....., Registered Apprentice No. 209  
working under my personal supervision.

Signed Jos. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6170 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.