

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.

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2123

1. PLACE OF DEATH: 1

(a) County Reel, Mo.

(b) City or town St. Louis, Co.

(c) Name of hospital or institution: St. Mary's Hospital  
(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)

3. (a) PRINT FULL NAME 32 Margaret Rhodes

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorcee

6. (b) Name of husband or wife Ralph 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 17 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

35	0	20	hr. min.
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9. Birthplace Perryville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Victor Brewer

13. Birthplace Perryville, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary Hayden

15. Birthplace Perryville, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe Brewer

(b) Address 4425 West Pine.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/5/39 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) DEC 4 1939 (Date received local registrar) (b) DR. Meyer M. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Perry

(c) City or town Perryville (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 1939 hour 2 P.M. M.

21. I hereby certify that I attended the deceased from 12-1-39, 1939, to 12-3, 1939; that I last saw her alive on 12-3-39, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Carcinoma of Cervix.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 48

Major findings: Of operations \_\_\_\_\_

Of autopsy Carcinoma of Cervix

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Grey Jones (M. D. or other) \_\_\_\_\_

Address Center St., City Date signed 12-4-39

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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.....

*J. B. Sullivan*

Licensed Embalmer No. 1122

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.**