No. 2
1-4-41
17-39
X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4692

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2052

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:
4692 W. Florissant Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 Yr's.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo/ (b) County 17 9

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4692 W. Florissant Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DeWitt Aaron Rhodes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frances E. Rhodes

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 16, 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Jefferson City, Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Printer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances E. Rhodes
(b) Address 4692 W. Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wm. F. Paschedag
(b) Address 2825 N. Grand Blvd.

19. (a) MAR 2 1943 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2, year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1936, to March 2, 1943
that I last saw him alive on Feb 24, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	30 minutes
Due to Coronary disease + Arteriosclerosis	10 yrs
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 M. E. Jones (M. D. ~~or other~~)
Address 4500 Olive St Date signed March 2 43

(Licensed Embalmer's Statement on Reverse Side)

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.....Albert E. Kopp

Licensed Embalmer No.....2971

P. O. Address.....

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, fact should be so stated above.