

ED APR 19 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3116

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:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4166 DeTonty Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Helen Hyde Rhode

3. (b) If veteran, name war None
3. (c) Social Security No. 489-10-4196

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

6. (b) Name of husband or wife Francis J. Rhode
6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept. 30th 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 6 1 _____ hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Liggett & Myers Co.

12. Name John F. Hyde

13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Julia Ferguson

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Francis J. Rhode

(b) Address 4166 DeTonty Ave.

17. (a) Burial (b) Date thereof 4-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 1 1943 (b) J. J. Budeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1943 hour 3:20 minute _____ A.M. M.

21. I hereby certify that I attended the deceased from
March 1, 1943, to March 31, 1943
that I last saw him alive on March 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma of the tertiary ducts and Cholelithiasis

Duration
?
?

Due to _____

Due to _____

Other conditions Subacute Hemorrhagic Pancreatitis
(Include pregnancy within 3 months of death)

?

Major findings:
Of operations Bill-stones & adeno-carcinoma of bile ducts & lymph glands
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 St. Louis Schuchat (M. D. or other) _____
Address 2200 Chateau Ave Date signed 3-31-43

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

MOTHER FATHER

APR 10 1971

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..... *Edwin A. McQuinn*

Licensed Embalmer No. *3024*

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, fact should be so stated above.