

1961

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 25 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5511**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 36 Years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME John H. Rhedans

3. (b) If veteran, name war None 3. (c) Social Security No. 494-01-1218

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

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

7. Birth date of deceased April 21 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 1 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation Chauffeur

11. Industry or business Public Service Co.

12. Name John Rhedans

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

14. Maiden name Rhemheimer

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

16. (a) Informant Estelle Rhedans

(b) Address 3444 Delor St.

17. (a) Burial (b) Date thereof 6-17-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) JUN 16 1943 (b) J. T. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town City of St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3444 Delor St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1943 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 3-25-43  
\_\_\_\_\_, 19\_\_\_\_, to JUNE 14, 1943

that I last saw him alive on JUN 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death SARCOMA OF THE LUNG.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: CONFIRMED CLINICAL DIAGNOSIS OF autopsy CONFIRMED CLINICAL DIAGNOSIS.

Duration  
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 James L. ... (M. D. or other)

Address 634 N GRAND Date signed \_\_\_\_\_

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

MOTHER FATHER

Dr. James Mudd  
634 N. Grand

4:30-5:00

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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..... *Virgil L. Berryman*  
Licensed Embalmer No..... *4018*  
P. O. Address..... *St. Louis, Mo.*

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.