S. No. 2
M—9-4-41
5-17-39
FILED OCT 19 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33469

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8826

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital Infirmary 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 About 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 000 017 921
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 1338 N. Garrison Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sindy Rhodes
3. (b) If veteran, name war Nlo
3. (c) Social Security No. No
4. Sex Female
5. Color or race 3 Negro
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 23 (Day) 1858 (Year)

8. AGE: Years 84 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Spanish Lake (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER
12. Name Samuel Renfro
13. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Matildee ? Renfro
15. Birthplace Waterloo. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Earl Rhodes
(b) Address 4149 Enright Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director A. L. Beal Undertaing
(b) Address 2726 Lucas Ave.
19. (a) OCT 6 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th year 1943 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from 9-25- 1943 to 10-4- 1943, that I last saw her alive on 10-4-43 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Cardiac Dilatation — 2 Hrs.
Due to Chronic Nephritis — 3 Mos.
Due to
Other conditions None (Include pregnancy within 3 months of death)
Major findings: Of operations No operations
Of autopsy None

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 0
23. Signature A. E. Hale M.D. (Attendant)
Address 822 N. Jefferson Date signed 10/5/43

(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 Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 4219½ E Garfield

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.