V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13252

Primary Registration District No. 1003

Registrar's No. 3470

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2Mo, 25 Days. (Specify whether years, months or days)
In this community 53 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000
(c) City or town St. Louis. 11 18
(If outside city or town limits, write "RURAL") 7
(d) Street No. 3702 Rutger St.
(If rural, give location)
(e) Citizen of foreign country? American. (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Rhodes, Thomas.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col,

6. (a) Single, widowed, married, divorced Widower,

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 9 (Day) 1869 (Year)

8. AGE: Years 75 Months - Days 2 If less than one day hr. min.

9. Birthplace Tennessee. (City, town, or county) (State or foreign country)

10. Usual occupation None.

11. Industry or business

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

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

16. (a) Informant Emil F Borchert.
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. H. Harrison
(b) Address 2906 Lawton Blvd

19. (a) APR 14 1944 (Date received local registrar) (b) J. Medert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11, 44 year 1944 hour 8, PM. minute - M.

21. I hereby certify that I attended the deceased from Jan 17, 1944, to April 11, 1944, that I last saw him alive on April 11, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to: Generalized arteriosclerosis	
Due to: O	
Other conditions (Include pregnancy within 3 months of death): Cachexia, Cerebral sclerosis	

Major findings:
Of 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 O

23. Signature Homer A. Sweetman M.D. (M. D. or other)
Address 5500 Arsenal Date signed

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.