

Registration District No. 318

Primary Registration District No. 7002

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bates 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED

(a) State: Mo (b) County: 600

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 5091 Bates 9
12 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME: Mina Carroll Rhodes

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1948 hour 3:30 minute..... A. M.

4. Sex: Female

5. Color: Wh

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: December 7 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 29 1948 to March 3 1948
that I last saw h. & R. alive on March 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>2</u>	<u>27</u> hr. min.

Due to: Ununited Rn Hip fracture

Due to: 0

9. Birthplace: Henderson Kentucky
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death) ///

10. Usual occupation: at home

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business: at home

12. Name: Moges Rhodes

13. Birthplace: Henderson Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Pauline Severin

15. Birthplace: Paris France
(City, town, or county) (State or foreign country)

16. (a) Informant: Juliet Rhodes

(b) Address: 5091 Bates

17. (a) Burial, cremation or removal: Burial

(b) Date thereof: 3-6-48
(Month) (Day) (Year)

(c) Place of burial or cremation: W. Hope Cem. East St. Louis

18. (a) Signature of funeral director: J. F. Arnold

(b) Address: 1225 Union Blvd.

19. (a) Date received local registrar: 4-25-48

(b) Registrar's signature: J. F. Arnold

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.....
(Means of injury)

Signature: Paul O. McLaughlin M. D.

Address: 4356 Narne av

Date signed: 3/4/48

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

MOTHER FATHER

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

Clara R. Padwell

Licensed Embalmer No. 4077

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.