

Registration District No. 318

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis mo
(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 Enroute to HOMER G. PHILLIPS 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2918 Caroline
(If rural, give location)
(e) 18 Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE RHONE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-20-7075

20. DATE OF DEATH: 1948 month May day 25th
year 1948 hour 12:50 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MALE 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Brook 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased NOV (Month) 8 (Day) 1988 (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal Vascular Disease
Due to _____

8. AGE: Years 61 Months 6 Days 17
If less than one day _____ hr. _____ min.

Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Labourer

PHYSICIAN

11. Industry or business _____

Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name Tom RHONE
13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Sarah Rhone
(b) Address 2918 Caroline
17. (a) burial (b) Date thereof 5-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Oak Dale
18. (a) Signature of funeral director J. J. Hahn
(b) Address 2769 Chryseum

While at work? _____ (Specify type of place) (c) Means of injury 3

19. (a) MAY 27 1948 (b) J. J. Hahn
(Date received local registrar) (Registrar's signature)

23. Signature Alfred Henry (M. D. or other) _____
Date signed 5/26/48

WRITE PLAINLY—USE 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 _____

Fryer Hall

Registered Apprentice No. *221*

working under my personal supervision.

Signed _____

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.