

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22162

State File No. ....

FILED JUN 27 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1205

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Barracks, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	
c. LENGTH OF STAY (in this place) <b>12 days</b>		d. STREET ADDRESS (If rural, give location) <b>3402 Rogers Place</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harry</b>	b. (Middle) <b>G.</b>	c. (Last) <b>RHOADS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 16, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 1, 1892</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Bedford, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Issac Rhoads</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Pershing</b>	14. NAME OF HUSBAND OR WIFE <b>Florence</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b>	ADDRESS <b>Jefferson Barracks, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>About 7 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC INSUFFICIENCY</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-vascular disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cellulitis, leg, left</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **May 4, 1949**, to **May 16, 1949**, that I last saw the deceased alive on **May 16, 1949**, and that death occurred at **12:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L.E. Stilwell</b> (Degree or title) <b>M.D., Chf. Prof. Services</b>	23b. ADDRESS <b>Vet. Adm. Hosp. Jeff. Brks. Mo.</b>	23c. DATE SIGNED <b>May 16, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5-18-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Int. Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-17-49</b>	REGISTRAR'S SIGNATURE <b>Shirley L. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan Bros.</b>	ADDRESS <b>St. Louis, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert L. Brunkman*  
\_\_\_\_\_

Licensed Embalmer No. *3553*

P. O. Address *St Louis*

- 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.