

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25214**  
Registrar's No. **6780**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6780</b>	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place) <b>22 yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2325 Hickory Street</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>2325 Hickory Street</b>			
3. NAME OF DECEASED (Type or Print) <b>HOMER</b>		a. (First) _____ b. (Middle) <b>C.</b> c. (Last) <b>RHODES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 2, 1949</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>Jan 17-1893</b>	
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR (Months) <b>6</b>		IF UNDER 12 HRS. (Hours) <b>15</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Milk-man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. L. Dairy Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Bessville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Charles Rhodes</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Cyrus E. Rhodes</b> ADDRESS <b>2315a Hickory Street</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Lung</b> ANTECEDENT CAUSES <b>Acute myocarditis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b> <b>3 days</b>	
19a. DATE OF OPERATION <b>Mar 8-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Malignancy Lung</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>Mo</b>			
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? <b>163X</b>			
22. I hereby certify that I attended the deceased from <b>Sept 5, 1948</b> , to <b>Aug 2, 1949</b> , that I last saw the deceased alive on <b>Aug 2, 1949</b> and that death occurred at <b>10:55 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Salisbury M.D.</b> (Degree or title)		23b. ADDRESS <b>3548 Sidney</b>		23c. DATE SIGNED <b>Aug 3-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-5-49</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Bessville, Missouri</b>	
DATE REC'D BY LOCAL HEALTH DEPT. <b>AUG 4 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen W. Shughlin</b> ADDRESS <b>2201 Lafayette Av</b>			

Dr. Wm. J. Salisbury  
3548 Sidney Street

SEP 26 1949

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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 L. P. Cooper

Licensed Embalmer No. 3639

P. O. Address 2901 Lafayette

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.