

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 19 1949

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4099

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>39 days</u>		d. STREET ADDRESS (If rural, give location) <u>706 W. Buchanan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OSCAR</u>	b. (Middle) <u>O.</u>	c. (Last) <u>RHOADES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/8/49</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/19/72</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNK</u>	11. BIRTHPLACE (State or foreign country) <u>Frankford, Ind. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>UNK</u>	13b. MOTHER'S MAIDEN NAME <u>UNK</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Rhoades</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>Span. Amer.</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</u>	ADDRESS _____
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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; ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of Cerebral Artery</u>		
	ANTECEDENT CAUSES Morbid 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.		<u>331X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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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 8/31, 1949, to 10/8/, 1949, that I last saw the deceased XXXXXX and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. J. Haddock M. D.</u>	23b. ADDRESS <u>V.A. HOSP. JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>10-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/11/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Audrian Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-9-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Blonke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pitzinger Fun. Dir. Inc.</u>	ADDRESS <u>331 S. Kirkwood, Kirkwood, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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

William H. Fitzinger

Licensed Embalmer No. *4376*

P. O. Address *Waharok, Mo*

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.