S. No. 300
EV. 10-48

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25220
6369

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Peoples Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2069
d. STREET ADDRESS (If rural, give location): 5890 Page

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): RHODEN
c. (Last): Rohoden
Minnie

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1950

5. SEX: F 3
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug 3 - abt
9. AGE (In years last birthday): 51
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Miss
12. CITIZEN OF WHAT COUNTRY?: 1

13a. FATHER'S NAME: Sam Vesieue
13b. MOTHER'S MAIDEN NAME: Annie Harden
14. NAME OF HUSBAND OR WIFE: RHODEN Jesse Rohoden

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: RHODEN Jesse Rohoden
ADDRESS: 5890 Page

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): Arteria Sclerotic Heart Disease 2 yrs (History)

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: H200

22. *I hereby certify that I attended the deceased from* 1-21, 1949, *to* 7/21, 1950, *that I last saw the deceased alive on* 7/21, 1950, *and that death occurred at* 8 15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Calvin Moore M.D. **(Degree or title)**
23b. ADDRESS: 4501 N Euclid
23c. DATE SIGNED: 7/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
24b. DATE: July 26/50
24c. NAME OF CEMETERY OR CREMATORY: [illegible]
24d. LOCATION (City, town, or county) (State): Prairie Miss

DATE REC'D BY LOCAL REG.: JUL 25 1950
REGISTRAR'S SIGNATURE: J. B. Sarater
25. FUNERAL DIRECTOR'S SIGNATURE: F. C. Green
ADDRESS: 4214 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.

State of ..... } ss.
County of ..... }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 25 2 20-150
Local Registrar's No. 6369

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Minnie Rhoden, ~~died~~/born 7-21-1950, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Minnie Rhoden
Instead of Minnie Rohden
Item No. 14 should read Jesse Rhoden
Instead of Jesse Rohden
Item No. 17 should read Jesse Rhoden
Instead of
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Jesse Rhoden Inf
Relationship.
5890 Page Ave
Present Address.

Subscribed and sworn to before me this 5 day of Aug, 1950

My Commission expires 3-4-53 Earl Riddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
8-43
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