

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33347**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8359**

SEP 25 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5360 PERSHING AVE		d. STREET ADDRESS (If rural, give location) 5360 PERSHING AVE	
3. NAME OF DECEASED (Type or Print) a. (First) HUGH b. (Middle) DANIEL c. (Last) RHODES.		4. DATE OF DEATH (Month) (Day) (Year) Sept 4, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 12, 1897
9. AGE (In years last birthday) 55		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired; (Sales)	10. b. KIND OF BUSINESS OR INDUSTRY International Shoe Co.
11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Taylor Rhodes		13b. MOTHER'S MAIDEN NAME Mamie Irwin	
14. NAME OF HUSBAND OR WIFE Helen Fischer Rhodes		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Helen Rhodes-5360 Pershing Avenue	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 8-21, 1952 to 9-3, 1952 , that I last saw the deceased alive on 9-3, 1952 , and that death occurred at 3 A.M., from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR 4201	
23a. SIGNATURE H. H. Hender MD (Degree or title)		23b. ADDRESS 730 Hollismond	
23c. DATE SIGNED 9/4/52		24a. BIRTHPLACE (City, town, or county) (State) St. Louis, Missouri	
24b. DATE 9-6-52		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	
25. ADDRESS 7233 Delmar Blvd.,		DATE REC'D BY LOCAL REG. SEP 4 1952	
REGISTRAR'S SIGNATURE J. C. Smith MD		25. ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,	

AUG 31 1953

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 Melvin F. Kemper

Licensed Embalmer No. 4052

P. O. Address St. Louis, 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.