V.S. No. 300
Rev. 10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33348

BIRTH NO. OCT 4 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8989

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

**1. PLACE OF DEATH**
a. COUNTY ~~Homer G. Phillips Hospital~~
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) Homer G. Phillips Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2109
d. STREET ADDRESS (If rural, give location) 10 4303 St. Louis Ave. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) Josie
b. (Middle)
c. (Last) Rhodes

**4. DATE OF DEATH** (Month) (Day) (Year) Sept. 24, 1952

**5. SEX** 3 Female
**6. COLOR OR RACE** Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married 1
**8. DATE OF BIRTH** Feb. 22, 1888
**9. AGE** (In years last birthday) 64 — 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) Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country) North Carolina 1
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME** Willis Bell
**13b. MOTHER'S MAIDEN NAME** Egenia Peoples
**14. NAME OF HUSBAND OR WIFE** James Rhodes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO. (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Nora Devries 1237 N. Ninth Street ADDRESS

**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) Cardiac Hypertrophy: Fr of right humerus: suffered when deceased fell in the yard in the rear of her home at 4303 St Louis Ave. on Sept 13 1952 at about 845 pm

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** 000 Accident
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard
**21c. (CITY, TOWN, OR TOWNSHIP)** St Louis (COUNTY) Mo (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) Sept 13 52 8 pm 45
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** E9030.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 1040 A *m., from the causes and on the date stated above.* 20

**23a. SIGNATURE** Patrick E Taylor (Degree or title) Coroner
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 9 26 52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** Sept. 1952
**24c. NAME OF CEMETERY OR CREMATORY** Oakdale Cemetery
**24d. LOCATION** (City, town, or county) St. Louis, County Mo. (State)

**DATE REC'D BY LOCAL REG.** SEP 26 1952
**REGISTRAR'S SIGNATURE** J Carl Smith MD MB
**25. FUNERAL DIRECTOR'S SIGNATURE** Metropolitan Funeral Sys, Inc. ADDRESS 5010 Enright Avenue

(Licensed Embalmer's Statement on Reverse Side)

## 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 Paul V. Freeman

Licensed Embalmer No. 4686

P. O. Address 4585 Wilmer

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.