

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36769**
Registrar's No. **9813**

NOV 13 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 9 2007 1/2 E Grand			
3. NAME OF DECEASED (Type or Print) Camille		a. (First) _____		b. (Middle) _____		c. (Last) Rhiney	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 22 1952		5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH JAN 2, 1909		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Days 9		IF UNDER 1 HR. Hours 20 Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of year, even if retired) JANITOR		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) E. ST. LOUIS, IL		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME George R. Rhiney		13b. MOTHER'S MAIDEN NAME Laura G. Smith		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) YES WORLD WAR II		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Josephine Jobe b. N. GRAND 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis, Far Advanced. INTERVAL BETWEEN ONSET AND DEATH Undet. ANTECEDENT CAUSES Undetermined 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. None					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002X			
22. I hereby certify that I attended the deceased from 9-29 , 19 52 to 10-22 , 19 52 , that I last saw the deceased alive on 10-22 , 19 52 , and that death occurred at 1:50p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles P. Fardel M.D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 10-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10-27-52		24c. NAME OF CEMETERY OR CREMATORY NATL. CEM. J.B. MO		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO	
DATE REC'D BY LOCAL REGISTRY'S SIGNATURE OCT 25 1952		REGISTRY'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.A.F. WALTON 2707 STODDARD			

(Licensed Embalmer's Statement on Reverse Side)

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

