

STANDARD CERTIFICATE OF DEATH

State File No. **21150**
Registrar's No. **4932**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY 2054	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital.		e. STREET ADDRESS (If rural, give location) 5710 East gate Ave.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Eustachius	b. (Middle) George	c. (Last) Rhodium	(Month) (Day) (Year) June. 2, 1954.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 7, 1868
9. AGE (In years last birthday) 86		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	10b. KIND OF BUSINESS OR INDUSTRY Doctor of medicine
11. BIRTHPLACE (City and State or Foreign Country) Gasconade County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME E. Rhodius	13b. MOTHER'S MAIDEN NAME Margaret Schlee	14. NAME OF HUSBAND OR WIFE Stella
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Rhodius, Bartlesville, Okla.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT		
	ANTECEDENT CAUSES DUE TO (b) CEREBRAL HEMORRHAGE		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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? 331X

22. I hereby certify that I attended the deceased from **9-15-1954**, to **6-2-1954**, that I last saw the deceased alive on **6-2-1954**, and that death occurred at **10:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert E. Koch	(Degree or title) M.D.	23b. ADDRESS 35 N. Central, Clayton, Mo.	23c. DATE SIGNED 6-3-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-3-54	24c. NAME OF CEMETERY OR CREMATORY Hermann City Cemetery	24d. LOCATION (City, town, or county) (State) Hermann, Missouri.

DATE REC'D BY LOCAL REG. JUN 3 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
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WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *W. W. Wilkins*.....

Licensed Embalmer No. *35*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.