

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32715

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2258

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ballwin</u>		c. CITY OR TOWN <u>University City</u>	
c. LENGTH OF STAY (If this place) <u>5 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			
e. STREET ADDRESS (If rural, give location) <u>711 Mc Knight Road</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louis</u>	b. (Middle)	c. (Last) <u>Rhoda</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-24-54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-11-1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Saint Pauls Hotel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Florida</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis Rhoda</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Henke</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-03-9923</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clay Rhoda</u>	ADDRESS <u>711 Mc Knight</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>		
	DUE TO (c) <u>CHRONIC NEPHRITIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from AUG. 20, 1954, to AUG. 24, 1954, that I last saw the deceased alive on AUG. 24, 1954, and that death occurred at 11:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>RK Irving MD</u>	23b. ADDRESS <u>BALLWIN, MO.</u>	23c. DATE SIGNED <u>8-26-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>8/26/54</u>	REGISTRAR'S SIGNATURE <u>Hebert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kron L. H. Co</u>	ADDRESS <u>2707 N. Grand</u>
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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.....
Signature of Student Embalmer

Signed *V E Morris*.....

Licensed Embalmer No. *336*

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.