

health, Welfare public service
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 1-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39734
 STATE FILE NUMBER 10402

FILED NOV 29 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10402

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY				a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only)			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>			Length of stay in 1b <i>2 1/2</i>		STREET ADDRESS <i>3887 Bell</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Cassie Rhodes</i>				4. DATE OF DEATH		Month Day Year <i>11 12 56</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>November 11, 1886</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
						Months	Days
						Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Car Cleaner</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Pullman Co</i>		11. BIRTHPLACE (City and state or country) <i>DuBois, Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Toney Rhodes</i>				14. MOTHER'S MAIDEN NAME <i>Almeda ?</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No None</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT <i>Mary A. Robinson</i> Address <i>2828 Thomas Street.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Anemia, Hypochromic Microcytic</i> DUE TO (b) <i>Chronic Blood Loss</i> DUE TO (c) <i>291+</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Arteriosclerosis, General - Paralysis, Agitans</i>							INTERVAL BETWEEN ONSET AND DEATH <i>undet.</i> <i>undet.</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY	STATE
21. I attended the deceased from <i>9-20-56</i> to <i>11-12-56</i> and last saw her <i>alive</i> on <i>11-13-56</i> Death occurred at <i>5:15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Hugh Waters</i> (Degree or title) _____, M. D.				22b. ADDRESS <i>2601 Whittier Street</i>		22c. DATE SIGNED <i>11-13-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>11/17/56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>		
24. FUNERAL DIRECTOR <i>C. W. Roberts</i> ADDRESS <i>1416 N. Taylor Ave.</i>			25. DATE RECD. BY LOCAL REG. <i>NOV 14 1956</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
James Carter

Licensed Embalmer No. *H 4*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.