FILED JAN 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3029

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips — Length of stay in 1b: 27 2/11

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS: 1523 N. Taylor (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Dorthy Middle Last Rhodes

4. DATE OF DEATH: Month 1 Day 4 Year 57

5. SEX: Femae 2

6. COLOR OR RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐: Married

8. DATE OF BIRTH: 5/23/1900

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 7 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Keeper

11. BIRTHPLACE (City and state or country): Louisana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Giston

14. MOTHER'S MAIDEN NAME: Unknown

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: William R. Rhodes Address: 1523 N. Taylor

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Azotemia (Uremia) — INTERVAL BETWEEN ONSET AND DEATH: Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 592x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).

Pulmonary Edema- Cardiac Insufficiency- Chronic Glomerulo Nephritis Hypertensive Cardiovascular Disease

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-27-56, to 1-4-57 and last saw her/him alive on 1-4-57

Death occurred at 1-4-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh Waterson (Degree or title) M. D.

22b. ADDRESS: 2601 N. Whittier

22c. DATE SIGNED: 1-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 1-9-57

23c. NAME OF CEMETERY OR CREMATORY: Oak Dale CEM.

23d. LOCATION (City, town, or county) (State): 3900 Mt. Olive St. L. Co. Mo.

24. FUNERAL DIRECTOR: Geo. V. Bruce — ADDRESS: 4469 Wash

25. DATE REC'D. BY LOCAL REG.: JAN 8 '57

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part II must be casually related. Coroner cannot certify to a death due to natural causes.

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frederick P. Stark

Licensed Embalmer No. 45

P. O. Address St. Lou

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.