

THE DIVISION OF HEALTH OF MISSOURI 17038-58
 STANDARD CERTIFICATE OF DEATH 58-012207
 State File No. 3343

No. 300
 10-48

FILED MAR 27 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3343**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 5 hrs	c. CITY OR TOWN O'Fallon
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Gerald		b. (Middle)	c. (Last) Rhodes
4. DATE OF DEATH (Month) (Day) (Year) 3-21-58		5. DATE OF BIRTH 3-20-58	
6. SEX Male	7. COLOR OR RACE White	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday) 10 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Vernon H. Rhodes	13b. MOTHER'S MAIDEN NAME Adelaide Hakenewerth	14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Trowbridge, 500 S. Kingshighway	
18. CAUSE OF DEATH Enter on one cause per line for (a), (b), and (c) <i>Does not mean the cause of death, such as heart failure, asphyxia, etc. It means the disease, injury, or complication that made possible death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 773.5.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-20- , 19 58 , to 3-21- , 19 58 , that I last saw the deceased alive on 3-21 , 19 58 , and that death occurred at 2:30A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John C. Herweg M.D.	23b. ADDRESS 500 S. Kingshighway	23c. DATE SIGNED 3/22/58	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/22/58	24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	24d. LOCATION (City, town, or county) (State) Dardenne, Mo.
DATE RECD BY LOCAL OFF. MAR 22 1958	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TE. Pitman Funeral Home, Westport, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Carlton J. Pitman*.....

Licensed Embalmer No. *4974*.....

P. O. Address *Wentzville, Mo.*.....

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.