No. 300
10.48

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

FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17039-58 58-012208
State File No. 3344

BIRTH NO. 818 REG. DIST. NO. 1003 PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place): 5 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis Children's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: O'Fallon
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
3. STREET ADDRESS (If rural, give location): R R #1, Box 298

24 0922

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Rhodes

4. DATE OF DEATH (Month) 3- (Day) 21 (Year) 58

5. SEX: Male
6. COLOR OR RACE: White
7. ~~MARRIED—NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH: 3-20-58
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 10 Min.
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): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Alice Trowbridge, 500 S. Kingshighwa ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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* 2:31 Am. *, from the causes and on the date stated above.*

23a. SIGNATURE: John C. Herweg (Degree or title) M.D.
23b. ADDRESS: 500 S. Kingshighway
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): 3/22/58
24b. DATE
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Immaculate Conception
24d. LOCATION (City, town, or county) (State): Dardenne Mo.

DATE REC'D BY LOCAL REG. MAR 22 '58
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: T.E. Pitman Funeral Home Wentzville, 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 embal

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 Ventzville,

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