

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024025
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1728

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 4713rd
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 439 No VanBuren		Length of stay in lb YRS	d. STREET ADDRESS (If outside, give location) 439 No. Van Buren
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Richard Middle Rhodium Last Rhodium	4. DATE OF DEATH Month June Day 30 Year 1958
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1878	9. AGE (In years past birthday) 79	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Asst. Mang.	10b. KIND OF BUSINESS OR INDUSTRY Prudential Ins.	11. BIRTHPLACE (City and state or country) Hermann Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME E.G. Rhodius	13b. MOTHER'S MAIDEN NAME Margared Schlee	14. NAME OF HUSBAND OR WIFE Ora C. Rhodius
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Address Ora C. Rhodius 439 No. Van Buren
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Lacer (Aneurism)		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 15 yrs
DUE TO (b) Arteriosclerotic heart disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5811		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ Month, Day, Year a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT <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 COUNTY _____ STATE _____
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21. I attended the deceased from April 2 to June 30-58 and last saw her alive on June 27-58 Death occurred at 4:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. P. Pearsley M.D. (Degree or title)	22b. ADDRESS #16 Hampton Village Bldg	22c. DATE SIGNED 7/1/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 7-2-58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.
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24. FUNERAL DIRECTOR C.R. Lupton and Sons ADDRESS 7233 Delmar	25. DATE RECD. BY LOCAL REG. 7-1-58	26. REGISTRAR'S SIGNATURE Wesley R. Ormke M.D.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *C. Lawrence H. Murray*

Licensed Embalmer No. *4011*
P. O. Address *St. Louis, 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.