

FILED JAN 14 1959

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046211

STATE FILE NUMBER
12692

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN E. ST. LOUIS 8120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE. 750 DAYS 32		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) EMMETT GRIFFETH APT. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First GEORGE W.	Middle RHYMER	Last	4. DATE OF DEATH	Month 12	Day 31	Year 58
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/26/95	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 63	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DONGOLA, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALBERT LUTHER RHYMER	13b. MOTHER'S MAIDEN NAME PAULINE WALLACE	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-1	16. SOCIAL SECURITY NO. 355012461	17. INFORMANT VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.
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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) APLASTIC ANEMIA	INTERVAL BETWEEN ONSET AND DEATH 7 years
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) -	DUE TO (c) -	292.4H
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) POST-OPERATIVE CARCINOMA OF THE TONGUE	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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. attended the deceased from 12/11/56 to 12/31/58 and last saw him alive on 12/31/58 Death occurred at 5:08 AM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Herbert Luke M.D.</i>	(Degree or title)	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 12/31/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1/5/59	23c. NAME OF CEMETERY OR CREMATORY HERBERT LUKE, M.D. NAT. CEM.	23d. LOCATION (City, town, or county) (State) Jefferson Brks Mo
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24. FUNERAL DIRECTOR <i>Albert L. Ashauer</i>	ADDRESS 326 S. Main Blvd. Duquell	25. DATE RECD. BY LOCAL REG. DEC 31 '58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Albert L. Tashner*

Licensed Embalmer No. *2703*

P. O. Address *Duquesne*

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.