Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015600
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3328

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5070 Enright Ave. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5070 Enright Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Hattie	Middle: Hawkins	Last: Rhodes	4. DATE OF DEATH Month Day Year: 4-1-59	
5. SEX: Female 3	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: 4-2-1874	9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Kirkwood, Missouri	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: Daniel Hawkins	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE: William Rhodes (dec'd)		
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: Georgia Davis	Address: 5070 Enright Ave.	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 months

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

DUE TO (b)

DUE TO (c) 443X

PART II. OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis

Generalized Arteriosclerosis

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 Dec. 1, 1958, to March 1, 1959 and last saw her alive on March 1, 1959

Death occurred at 4:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Chas. H. Ford (Degree or title) M.D.	22b. ADDRESS: 2801 N. Taylor	22c. DATE SIGNED: 4/2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: 4-6-59	23c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cemetery	23d. LOCATION (City, town, or county) (State): Kirkwood, Missouri
24. FUNERAL DIRECTOR: Russell Undertaking Co.	ADDRESS: 2732 Pine St.	25. DATE REC'D BY LOCAL REG.: APR 3 '59	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MDA

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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Samuel H. Curtear

Licensed Embalmer No. 4681

P. O. Address St. Louis

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.