

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No. 6586
Registered No. 1429
Ward) Missouri Baptist Hosp.

2. FULL NAME

(a) Residence. No. Effie Eldoria Phillips
(Usual place of abode) Esia Missouri St. R. Ward. Esia Missouri
Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 28

B. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Olney
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Samuel Esrick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Susie Banper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa.
(STATE OR COUNTRY)

14. INFORMANT John Phillips
(Address) Esia Mo.

15. FILED Feb - 4 1934 J. F. Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/8 1934
17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1934, to Feb 8, 1934
that I last saw him alive on 2/8 2:15 p.m. and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock following prostration
460
CONTRIBUTORY (SECONDARY) that of blood from cancer of stomach (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 29 Feb 1934
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS not met (Signed) not met M. D.
2/8 1934 (Address) Esia Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granite City Ill DATE OF BURIAL Feb 10 1934
20. UNDERTAKER J. E. Mercer ADDRESS Granite City Ill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

