

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 25 1934

15187

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **0003**
City St. Louis, Mo. (No. St. John's Hospital) St. _____ Ward _____
Registered No. **4406**

2. FULL NAME Barbara Frances Philippi
(a) Residence, No. 135 South Elm Ave. st. 710 Ward. Webster Groves, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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 Paul A. Philippi
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 6 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to 4/29/34
I last saw her alive on 4/29/34, 19____ Death is said to have occurred on the date stated above, at 6 am.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Chronic Valvular Disease
As a result of
Broken Compensation
Other contributory causes of importance
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
13. NAME Chas. D. Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
15. MAIDEN NAME Lena Tarrints
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? Cu. Test Was there an autopsy? No.

17. INFORMANT Paul A. Philippi
(ADDRESS) 135 So. Elm Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May. 1, 1934

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

19. UNDERTAKER Croghan Undert Co. Inc
(ADDRESS) 7146 Manchester Ave
20. FILED 30 1934 Jeff Bredeck Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Chas. Steph. Webster, M.D.
(Address) Humboldt Bldg

