WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-37 I X12804

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

REC'D MAY 10 1938

12480
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 3084
(c) City St. Louis, Mo. (d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
C- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie Phillips 41a
(a) Residence, No. 3105 N. Newstead St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.
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 H. Phillips
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28th 1872
7. AGE YEARS 65 MONTHS 6 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

FATHER
13. NAME Will Plate 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger many 6

MOTHER
15. MAIDEN NAME Catherine ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info. M. Williams City Hospital #1
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE April 2 1938
19. FUNERAL DIRECTOR (ADDRESS) Henry Ludwig U. Co 1417 N. Market
20. FILED APR 1 1938 J. F. Bredeck Local Registrar. 344

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/13/38, 19, to 3/31/38, 19
I last saw her alive on 3/31/38, 19 Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:

Progressive muscular atrophy
Arterio-sclerosis
Cause unknown

Date of onset

81a

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. H. Trowbridge Jr., M. D.
(Address) 1515 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1943

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 1674

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.)