

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

16696

State File No.

Registrar's No.

JUN 15 1940 791
Registration District No.

Primary Registration District No.

4174

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1129 North 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) 20 yrs.

3. (a) PRINT FULL NAME Maggie Phillip's

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 30, 1897
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Pine Bluff Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Noah Henderson

13. Birthplace Pine Bluff Ark
(City, town, or county) (State or foreign country)

14. Maiden name Sophronia Jenkins

15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Noah Henderson

(b) Address 1129 N. 19th St.

17. (a) Burial (b) Date thereof 5-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Wm C. McNamee

(b) Address 3506 Franklin Ave.

19. (a) MAY 10 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1129 N 19th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5
year 1940 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April, 1938, to May, 1940;
that I last saw her, alive on 5-5-, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 1938

Due to Psuedic Infection

Due to DK

Other conditions anasarca + generalized edema 1939
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Sherard, M.D. (M. D. or other) _____
Address 11635 a Carr Date signed 5-6-40

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Wm C. McLowell

Licensed Embalmer No.

2014

P. O. Address.....

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 this body is not embalmed, above space should be left blank.