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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37138

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9411

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of town name)

(c) Name of hospital or institution: HOME OF THE FRIENDLESS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 YRS. (Specify whether
In this community 50 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4431 S BROADWAY
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME MARION PHILLIPS

3. (b) If veteran, name war NONO

3. (c) Social Security No. NONE

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL (Month) 19 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) IRELAND (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name RICHARD BROWN
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name SUSAN FIELD
15. Birthplace (City, town, or county) SCOTLAND (State or foreign country)

16. (a) Informant MISS M. JONES
(b) Address 4431 S BROADWAY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 18-40 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEM

18. (a) Signature of funeral director C. Hoffmeister
(b) Address 7814 S Broadway

19. (a) NOV 16 1940 (Date received local registrar) (b) J. F. Bulleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15th year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Jan, 1933, to Nov 15, 1940 that I last saw her alive on Nov 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	years
Chronic Myocarditis	2 years
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas E Hyndman (M. D. or other) MD
Address 3720 Washington Date signed 11/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 Lucius C. Hoffmeist

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.