

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
820 North Grand Blvd.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 009

(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 809 N. Grand
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Marvin H. Phillips.

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1941 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from March
7, 1941 to April 7, 1941;
that I last saw him alive on April 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Chronic myocarditis

Duration _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Phillips. 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 18, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Retired Police Officer

11. Industry or business _____

MOTHER FATHER { 12. Name Bennett E. Phillips.

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Harris.

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

16. (a) Informant Dorothy Phillips.

(b) Address Miami Hotel.

17. (a) Burial (b) Date thereof 4-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) APR - 8 1941 (b) J. F. Bredek
(Date received by registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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 A. D. Cornelius M.D. or other D.O.

Address 820 N. Grand Date signed _____

*Ray Connelin
810 N. Sumner St.*

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell Bl*

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, fact should be so stated above.