

No. 2
-1-4-41
5-17-39
I X25390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **19867**
Registrar's No. **4679**

FILED JUL 21 1941 791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6033 Kingsbury Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, write street number or location
20 Years. (Specify whether
In this community _____ years, months or days Ruth Phillips, now known as

3. (a) PRINT FULL NAME Ruth Phillips Tracy

3. (b) If veteran, name war None 3. (c) Social Security No. 497-09-7048

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

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

7. Birth date of deceased December 31, 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Stenographer.

11. Industry or business _____

12. Name John Adams Phillips.

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

14. Maiden name Mary Katherine Leaney.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. J.O.F. Delany

(b) Address 5105 Lindell Blvd.

17. (a) Burial (b) Date thereof 6-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

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

(b) Address 3840 Lindell Blvd.

19. (a) JUN 4 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 110
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 170
(d) Street No. 6033 Kingsbury Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd.
year 1941 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from January 15, 1941 to June 3, 1941
that I last saw her alive on June 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease

Due to Advanced pulmonary infiltration

Due to non tubercular

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Autopsy None performed

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 0

23. Signature Pearl Bramberg, M.D. (Date signed 6-3-41)
Address 3720 Washington

Duration 3 years

Duration 2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

W. H. Van Meter

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

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.