

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5901

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:
City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4020 Carter Ave
(If rural, give location)
(e) Citizen of foreign country?.....
Not attending Physician (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1941 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....
that I last saw h er alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary artery thrombosis
Arteriosclerosis
Duration.....

Other conditions.....
(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)
(c) Means of injury.....
23. Signature Alfred W. Perry (M. D. or other) 3
Address Republic Date signed 7/18/41

3. (a) PRINT FULL NAME Mary Phillips

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

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

7. Birth date of deceased Oct 23rd 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 24 If less than one day
..... hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Jockens

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

14. Maiden name Unknown

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

16. (a) Informant Wm J. Phillips

(b) Address 4020 Carter Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/41
(Month) (Day) (Year)

(c) Place: burial or cremation 1111 Concordia Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) Jul 18 1941 (Date received local registrar) (b) J. F. Brubaker (Registrar's signature)

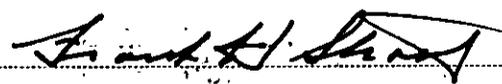
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20
079

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.....



Licensed Embalmer No. 2245

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, fact should be so stated above.