S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36028

Primary Registration District No. 106

Registrar's No. 2039

96 4 3

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 704 N.Woodlawn Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No. 704 N.Woodlawn Ave. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Clara Marie Phillips

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Granville Phillips

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May (Month) 29 (Day) 1908 (Year)

8. AGE: Years 33 | Months 4 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Clayton (City, town, or county) New Mexico (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER

12. Name L.C.Lowderman

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

MOTHER

14. Maiden name Louisa Knowles

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

16. (a) Informant Granville Phillips

(b) Address 704 N.Woodlawn, Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H Bapp Inc.

(b) Address 131 W.Argonne Dr. Kirkwood, Mo.

19. (a) OCT 6 - 1941 (Date received by local registrar) (b) C. G. McKavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1941 hour 7 minute A M.

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

Immediate cause of death Self-inflicted gun-shot wound of right temple.

Due to Gun-shot wound of right temple

Due to .....

Other conditions (Include pregnancy within 3 months of death) No

164c

Major findings:
Of operations .....

Of autopsy Yes

Duration

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) Suicide

(b) Date of occurrence Oct. 5, 1941

(c) Where did injury occur? Kirkwood, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home (Specify type of place)

While at work? ..... (e) Manner of injury .....

23. Signature Louis H Bapp Jr (M. D. or other)

Address Kirkwood, Mo. 10/6/41 Date signed .....

(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 Louis H Bapp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Bapp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

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.