

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40372

State File No.

NOV JAN 24 1941
Registration District No. 791

Primary Registration District No. 100

Registrar's No. 10124

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:
3436 Pennsylvania /
(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. Missouri (b) County.....
(c) City or town. St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3436 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth 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 Widowed

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

7. Birth date of deceased April 4, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 15 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name Graaf

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Hartler

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Phillips

(b) Address 5419 Delor

17. (a) burial (b) Date thereof 12/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John R. Ziegenhain, D. O. M.

(b) Address 1027 Gravois

19. (a) DEC 22 1941 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th
year 1941 hour 1 minute 35 P M.

21. I hereby certify that I attended the deceased from Dec. 16-21
to Dec. 19-41
that I last saw him or alive on Dec. 19-1941, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Atherosclerosis
Advanced age.
Due to.....
Due to.....
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) (e) Means of injury.....
23. Signature J. F. Bedeck (M. D. or other).....
Address 5115 W. Frank Date signed 12/22/41

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7401 Zephyr Pl*

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.