

V. S. No. 2
 OM-9-4-41
 Rev. 5-17-39
 I. X29484

26125

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **6940**

FILED AUG 25 1942 **31F**
 Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (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:
Hogher G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **27 days**
(Specify whether
 In this community **5 years**
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. **822 Biddle St.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Carrie Phipps**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color of race **Col** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Henry Phipps** 6. (c) Age of husband or wife if alive **85** years
 7. Birth date of deceased **Dec 25, 1884**
(Month) (Day) (Year)

8. AGE: Years **57** Months **7** Days **20** hr. _____ min. _____
If less than one day

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

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER
 12. Name **Unknown**
 13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Phipps**
 (b) Address **822 1/2 Biddle St**

17. (a) **Removed** (b) Date thereof **Aug 18, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funia Miss**

18. (a) Signature of funeral director **F. A. Green**

(b) Address **AUG 18 1942 Franklin Ave**

19. (a) **18 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15,**
 year **1942** hour **9** minute **40 A.** M.
 21. I hereby certify that I attended the deceased from **July**
18, 19**42** to **August 15,** 19**42**
 that I last saw her alive on **August 15,** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Esophagus**
 Duration **Unknown**

Due to _____

Due to _____

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 **S. E. Smith** (M. D. or other) _____
 Address **2601 Waterloo** Date signed **8/12/42**

844 (Licensed Embalmer's Statement on Reverse Side)

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.....

F. A. Gorman

Licensed Embalmer No.....

2963

P. O. Address.....

2915 Franklin

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.