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S. No. 2
M-9441
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 12625
Registrar's No. 3429

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

FILED APR 23 1943 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
In this community Unknown (Specify whether 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. 4923 Page Avenue
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Phillips

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased Unknown Dec 14 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 23 hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER

12. Name Unknown PATRICK PHILLIPS
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown ELIZABETH P.
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-12-43
(Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Callen Kelly
(b) Address 1416 N. OAKLAND AVE

19. (a) APR 12 1943 (Date received local registry?) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6, year 1943 hour 9:25 minute A. M.
21. I hereby certify that I attended the deceased from March 27, 1943, to April 6, 1943 that I last saw her alive on April 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fran advanced Pulmonary Tuberculosis with
Due to circulation

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Of operations.....
Of autopsy as above

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) no
(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) (Means of injury)
23. Signature William S. Park (M, P, or other) 4/8/43
Address 1515 Lafayette Avenue Date signed

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.....

Harry E. Jolley

Licensed Embalmer No.....

4078

P. O. Address.....

St. Louis 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.