

FILED MAR 13 1944 318

Registration District No. Primary Registration District No. 1003

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MO. - 10 Days
(Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Centennial M. 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 Emil L. Phillips

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

7. Birth date of deceased July 4, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 25 If less than one day
hr. min.

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Adolph Boeckelmann

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Sylvania Joyal

15. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant George Phillips

(b) Address 8208 Gravois Ave.

17. (a) Burial (b) Date thereof Mar. 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John H. Gebken Sons

(b) Address 2630 Gravois Ave.

19. (a) MAR 1 1944 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) Count. St Louis 96

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 8208 Gravois Ave.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29,
year 1944 hour 4,40 minute A M.

21. I hereby certify that I attended the deceased from February 8, 1943 to February 9, 1944
that I last saw him alive on February 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronal hemorrhage back

Due to Gen. arteriosclerosis eye
& Chronic Nephritis eye

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 Arthur S. Snelson (M. D. or other) M.D.
Address 2222 University Date signed 3/1/44

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..... *Robert F. Gebker*.....

Licensed Embalmer No. 4144.....

P. O. Address. 2630 Gravois Ave......

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.