

Registration District No. **FILED FEB 5 1946**

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **Homer G. Phillips**  
(d) Length of stay: In hospital or institution **about 8 weeks**  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(d) Street No. **2710 Locust**  
(e) Citizen of foreign country? **no**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Alice Phillips**

3. (b) If veteran, name war **hill** 3. (c) Social Security No. **✓**

4. Sex **Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Mitchell** 6. (c) Age of husband or wife if alive **8 years**  
7. Birth date of deceased **8 Oct 1875**

8. AGE: Years **70** Months **30** Days \_\_\_\_\_ If less than one day hr min

9. Birthplace **Murphersboro Mo.**

10. Usual occupation **none**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Thomas Scott**  
13. Birthplace **Wendover Tenn**  
14. Maiden name **Edna Smith**  
15. Birthplace **Searcy Ark**

16. (a) Informant **Minnie C. Mann**  
(b) Address **1333 Bond Ave**

17. (a) **Burial** (b) Date thereof **2/6/46**  
(c) Place: burial or cremation **East St. Louis Ill**

18. (a) Signature of funeral director **J. Lewis**  
(b) Address **22 E. Locust St. St. Louis**

19. (a) **FEB 5 1946** (b) **J. F. Bredeek**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **31**  
year **1946** hour **6** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **11-6 1945** to **1-31 1946**  
that I last saw her alive on **1-31 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cervix** Duration **Unk**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Unknown**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **No**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **C. J. Quack** (M.D. or other) \_\_\_\_\_  
Address **2601 N. Webster** Date signed **2/6/46**

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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 J. L. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

**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.**