

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 779
972
Registrar's No.

FILED FEB 7 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County..... St. Louis
(b) City or town.....
(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 4-weeks
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4033 Maffitt Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Julia M. Phillips
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 28th.,
year 1946 hour 10 minute 30 a.m.

4. Sex..... F. 5. Color or race..... W.
6. (a) Single, widowed, married, divorced..... S.
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Sept. 27th., 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
May 18, 1946 to Jan 28, 1946
that I last saw her alive on Jan 28, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 4 1 hr. min.

Immediate cause of death.....
Myocardia
Primary-site, left kidney
Due to.....
Due to.....

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

Other conditions.....
(Include pregnancy within 3 months of death)
52
Physician.....

10. Usual occupation..... Stenography

11. Industry or business.....
12. Name..... Patrick Phillips
13. Birthplace..... Ireland
(City, town, or county) (State or foreign country)
14. Maiden name..... Bridget Cassidy
(City, town, or county) (State or foreign country)
15. Birthplace..... Ireland
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant..... Miss Margaret B. Phillips
(b) Address..... 4033 Maffitt Ave.

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?

17. (a) Burial (b) Date thereof..... 1-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director.....
(b) Address..... 3840 Lindell Blvd.

(Specify type of place) (e) Means of injury.....
23. Signature..... W. V. White (M. D. or other)
15109 N. 151st highway Date signed 1-29-46

19. (a) JAN 29 1946 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

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 W Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.