

FILED APR 5 1948 318

1003

Registration District No.

Primary Registration District No.

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

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months-20 da.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3835 Cleveland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret 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, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation saleslady

11. Industry or business _____

12. Name Thomas Phillips
13. Birthplace Wales
(City, town, or county) (State or foreign country)
14. Maiden name Suzannah
15. Birthplace Pittsburgh, Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 3/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cm.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAR 29 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from January
1946, 19____, to March 1946, 19____;
that I last saw her alive on March 27 1946, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardio Vascular syndrome chronic
bronchitis nulastatis carcinoma primary
Due to of breast

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

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) _____
_____ (Specify means of injury)
23. Signature Palmer P. ... M. D. or other _____
Address City Infirmary Date signed 3-28-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Rex P. Campbell

Licensed Embalmer No.....

3881

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.