

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town ST LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 Days  
(Specify whether  
In this community 26 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 917  
(d) Street No. 2357 Tennessee Ave.  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Rosemary 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 5th 1898  
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Opdyke Public Health (City, town, or county) (State or foreign country)

10. Usual occupation Nurse - Public Health

11. Industry or business

12. Name Henry Clay Phillips

13. Birthplace Granville Illinois (City, town, or county) (State or foreign country)

14. Maiden name Nettie Jones

15. Birthplace Opdyke Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Miss. Louis D. Phillips

(b) Address 2357 Tennessee Ave.

17. (a) Removal (b) Date thereof 4-1-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Opdyke Illinois

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

19. (a) MAR 31 1946 (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1946 hour 2 minute 45 A.M.  
21. I hereby certify that I attended the deceased from March 2, 1946 to March 30, 1946 that I last saw her alive on March 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 wks.  
Due to Malignant Hypertension 5 yrs.

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations

Of autopsy Enlarged heart, damaged kidneys, advanced atherosclerosis

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 J. W. Stuever (M. D. or other) Address 3720 Washington Blvd Date signed 3-30-46

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

MOTHER FATHER

**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.H. 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.**