

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11531

State File No.

FILED MAR 18 1946
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2092

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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ...
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3509 Delmar Blvd
no (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME LAWRENCE PHINNEY

3. (b) If veteran, name war... no 3. (c) Social Security No...

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced D 3

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

7. Birth date of deceased May 29, 1910 (Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Decorator

11. Industry or business Self

12. Name Edward B. Phinney

13. Birthplace Portland, Maine (City, town, or county) (State or foreign country)

14. Maiden name Mary Alice Clancy

15. Birthplace New York, N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant Edward B. Phinney

(b) Address 1812 Oregon Avenue

17. (a) burial (b) Date thereof 3-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director (b) Address 2301 Lafayette Av St. Louis, Mo.

19. (a) MAR 4 1946 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1946 hour 6 minute 50 M.

21. I hereby certify that I attended the deceased from ... to ... that I last saw him alive on ... and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Cerebral Gypsis
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?

23. Signature of Physician (Specify type of place) (M. D. or other) Date signed 3/4/46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

10443

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.....

L R Cooper

Licensed Embalmer No. *363/3*

P. O. Address *2301 Lafayette 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.