

No. 2
M-5-43
5-17-39
I X06671

FILED JUL 22 1946
Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 6101

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: 16^a So Theresa ave
(d) Length of stay: In hospital or institution 8 years
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis
(d) Street No. 16^a So Theresa
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

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

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 5 1885

8. AGE: Years 61 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Phillips
13. Birthplace Ala
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Viola M Clinton
(b) Address 16^a So Theresa ave

17. (a) Burial (b) Date thereof July 13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director J. A. Green
(b) Address 7915 Franklin ave

19. (a) JUL 11 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1946 hour 7 minute 20 P M.
21. I hereby certify that I attended the deceased from 6/28/46
to 7/9/46
that I last saw h. im alive on 7/9/46
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio vascular heart disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy clinical

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

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 J. F. Brebeck (M. D. or other) MD
Address 3100a Lucas Ave. Date signed 7/10/46

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.....

J. A. Green

Licensed Embalmer No. 2963

P. O. Address 295 Franklin

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.