

Registration District No. 317 Primary Registration District No. 2002

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town University City  
(c) Name of hospital or institution:  
7227 Dartmouth Ave.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7227 Dartmouth Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SUSANNE PHILLIPS.  
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 13  
year 1947 hour 6:30 minute A. M.

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 Oct. 14 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1935  
\_\_\_\_\_, 19\_\_\_\_, to March 13, 1947;  
that I last saw her alive on March 13, 1947;  
and that death occurred on the date and hour stated above.

8. AGE: - Years Months Days If less than one day  
79 4 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary thrombosis. Duration 3-2-47  
Due to Arteriosclerosis.  
Chronic hypertensive  
Due to cardiovascular 93 1935+

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

Other conditions None.  
(Include pregnancy within 3 months of death)

10. Usual occupation At home  
11. Industry or business \_\_\_\_\_  
12. Name John Phillips.  
13. Birthplace Wales England  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Williams.  
15. Birthplace Wales England  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. P. Kerr Higgins.  
(b) Address 7227 Dartmouth Ave.,  
17. (a) Removal (b) Date thereof 3/15/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cincinnati, Ohio.

22. If death was due to external causes, fill in the following: Ne  
(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? \_\_\_\_\_

18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address 7233 Delmar Blvd.,  
3-15-47 (Date received local registrar)  
(c) Ruth J. Allen M.D. (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury fall  
23. Signature St. Louis 12th (M. D. or health officer)  
Address St. Louis 12th Date signed 3-14-47

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

96  
3  
6

APR 28 1942

Dr. J. Fred M. Clark  
864 Hamilton  
CA 2354  
1-4

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 Clarence A. Murray

Licensed Embalmer No. 4011

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: