

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25235**
Registrar's No. **232**

Registration District No. **316** Primary Registration District No. **6075**

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri State Hospital No. 4 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 das.**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Francois 94**
(c) City or town **Farmington**
(If outside city or town limits, write "RURAL")
(d) Street No. **405 Patterson St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BERT D. PHILLIPS**
3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **8**
year **1947** hour **4** minute **30 A.M.**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sarah Elizabeth Shannon - 1st. wife.** 6. (c) Age of husband or wife if alive _____ years
Mayme Stolte (Rudy) - 2nd. Wife.

21. I hereby certify that I attended the deceased from **June 27, 1947** 19____ to **July 8, 1947** 19____;
that I last saw him alive on **July 8, 1947** 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral hemorrhage** **11 das.**

7. Birth date of deceased **April 4, 1875**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
72 3 4 hr. min.

Due to **Generalized arteriosclerosis** **10 yrs.**
Due to _____

9. Birthplace **Ste. Genevieve County, Missouri**
(City, town, or county) (State or foreign country)

Other conditions **Psychosis** **1 yrs.**
(Include pregnancy within 3 months of death)
with cerebral arteriosclerosis

10. Usual occupation **Common laborer**

Major findings: **PHYSICIAN**
Of operations _____
Of autopsy **83A**

11. Industry or business _____

12. Name **John G. Phillips**
13. Birthplace **Ste. Genevieve Co., Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Beatrice Rudy**
15. Birthplace **St. Francois County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**
(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **7-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rudy Cem. Ste. Genevieve Co., Farmington, Mo.**

18. (a) Signature of funeral director **Cozean Funeral Home**
(b) Address **Farmington, Missouri**

19. (a) **7-11-47** (b) **Ether R. Rudolph**
(Date received local registrar) (Registrar's signature)

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?
Farmington, Mo.

While at work? _____ (Specify type of place) (c) Means of injury **0**

23. Signature **John A. Brennan M.D.** (M. D. or other) **0**
Address **State Hosp. #4** Date signed **7/21/47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 747-943

Date Filed 7-21-47

JUL 23 1947

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington, Ct

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.