

No. 2
-1/47
-17-39

FILED FEB 13 1948 318

State File No. _____
Registrar's No. 1085

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: _____

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(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: 96

(c) City or town: University City
(If outside city or town limits, write "RURAL")

(d) Street No.: 6260 Cates Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: BENJAMIN F. PHILLIPS

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: Male 5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ruth Phillips

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: _____
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
About 62	-	-	hr. _____ min.

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

10. Usual occupation: Salesman

11. Industry or business: General Merchandise

12. Name: Unknown

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: LeRoy Phillips

(b) Address: 6260 Cates Ave.

17. (a) Burial (b) Date thereof: 2-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: B'Nai Amoona Cem.

18. (a) Signature of funeral director: [Signature]

(b) Address: 5216 Delmar Blvd.

19. (a) FEB 3 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb 1 day _____
year: 1948 hour: 3 minute: 45 P.M.

21. I hereby certify that I attended the deceased from Jan 31 1948 to Feb 1 1948
that I last saw him alive on Feb 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 1 day
Duration

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause of 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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (Specify means of injury)

23. Signature: [Signature] (M. D. or other) 0

Address: 539 N. Grand Date signed: 2/2/48

WRITE PLAINLY—USING 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.....

John Ketter

Licensed Embalmer No.....

3880

P. O. Address.....

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.