

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17591

State File No. 41-13

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 0-2-C	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17	
c. LENGTH OF STAY (In this place) 22 days		d. STREET ADDRESS (If rural, give location) 2911 Bell ave. J	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Gloria b. (Middle) Jean c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) 5 6 49		
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never 0	8. DATE OF BIRTH June 1, 1946	9. AGE (In years last birthday) 2	10. IF UNDER 1 YEAR Months 11 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo 0	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Caesar Phillips		13b. MOTHER'S MAIDEN NAME Betty Lee Mickers		14. NAME OF HUSBAND OR WIFE child	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bettie Phillips 2911 Bell ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retinoblastoma		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 55 STATE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 192X	

22. I hereby certify that I attended the deceased from 4-14, 1949, to 5-6, 1949, that I last saw the deceased alive on 5-6, 1949, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William G. Kleihans MD		23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenwood cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, County? Mo/		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son 2629-31 Cole Street			
DATE REC'D BY LOCAL REG. MAY 9 1949		REGISTRAR'S SIGNATURE J. B. Foster			

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

3717

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*W. Claude Gordon*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address. *4575 Aldine*

**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.