

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2898

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **462**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis			a. STATE Missouri b. COUNTY		
c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.			d. STREET ADDRESS (If rural, give location) 3156 Leola Ave.		
3. NAME OF DECEASED (Type or Print) Lizzie Annie Minnie Phillips		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 13 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 4, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Weicher		13b. MOTHER'S MAIDEN NAME Elizabeth Rottke	
14. NAME OF HUSBAND OR WIFE Richard Phillips		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. No	
17. INFORMANT'S SIGNATURE OR NAME Richard Phillips		ADDRESS 3156 Leola Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus			8 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia; etc. It means the disease, injury, or complication which caused death.		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 type="checkbox"/> NO <input checked="" 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) (STATE) 26th X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 6, 1950, to Jan 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 6:50 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Robert D. Hackett M.D.			23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 1-13-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 16, 1950	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Salem, Ill
DATE REC'D BY LOCAL REG. JAN 16 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St.	

(Licensed Embalmer's Statement on Reverse Side)

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

2 CC

2 CC

ml

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.

Student
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 784 Broadway

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.