S. No. 300
v. 10.48

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22372

BIRTH NO. _____ REG. DIST. NO. 3 M PRIMARY REG. DIST. NO. 6076 Registrar's No. 1290

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch (rural)
c. LENGTH OF STAY (in this place): 252 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution! residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2219
d. STREET ADDRESS (If rural, give location): 3308 School 1

3. NAME OF DECEASED (Type or Print)
a. (First): Armentha
b. (Middle): Mae
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1950

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 1-26-35
9. AGE (In years last birthday): 15 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Neelyville, Mo. 6
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Phillips
13b. MOTHER'S MAIDEN NAME: Mary Louise Jackson
14. NAME OF HUSBAND OR WIFE: No -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: –
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Hospital Records, Robt. Koch Hosp.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) far advanced tuberculosis, pul, lgs ?? — 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. thoracoplasty two days postoperative — two

19a. DATE OF OPERATION: 5-17-50
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES [X] NO [ ]

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-9-49, 19___, *to* 5-19-50, 19___, *that I last saw the deceased alive on* 5-19-, 1950, *and that death occurred at* 9:55P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Niederwerner, M. D.
23b. ADDRESS: Robert Koch Hospital
23c. DATE SIGNED: 5-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-24-50
24c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemetery
24d. LOCATION (City, town, or county) (State): Mo

DATE REC'D BY LOCAL REG.: 5-22-50
REGISTRAR'S SIGNATURE: Herbert R. Domke, M. D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gus Lowe 2930 Dickson St
L. E.
(Licensed Embalmer's Statement on Reverse Side)

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

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.