5. No. 300
. 10.48

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

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31757

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8209

1. PLACE OF DEATH
a. COUNTY City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res. 6252 Mc Pherson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 6252 Mc Pherson Ave.

2154
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3. NAME OF DECEASED (Type or Print)
a. (First) MRS. HARRIET
b. (Middle) CUTTER
c. (Last) PHILLIPS

4. DATE OF DEATH (Month) Sept. (Day) 15, (Year) 1951

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH March 5, 1864

9. AGE (In years last birthday) 87 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maysville, Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Amos Cutter

13b. MOTHER'S MAIDEN NAME Rebecca Dobyns

14. NAME OF HUSBAND OR WIFE Dr. George M. Phillips

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. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucas L. Bergfeld — **ADDRESS** 6252 Mc Pherson

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) LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 WKS.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) SENILITY, — many yrs

DUE TO (c) ARTERIOSCLEROSIS — ✓ ✓

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. AURICULAR FIBRILLATION — 10 DAYS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ 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? 490X

22. *I hereby certify that I attended the deceased from* Aug. 23, 1951, *to* Sept. 15, 1951, *that I last saw the deceased alive on* Sept. 21, 1951, *and that death occurred at* 2:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE James H. Cummings (Degree or title) M.D.

23b. ADDRESS 4424 N. Euclid

23c. DATE SIGNED 9/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 17, 1951

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery

24d. LOCATION (City, town, or county) St. Louis (State) Missouri

DATE REC'D BY LOCAL REG. SEP 17 1951

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc. — **ADDRESS** 6175 Delmar Blvd.

MJB

(Licensed Embalmer's Statement on Reverse Side)

Dr. James H. Cummings
424 N. Euclid Ave.
Fo. 4981

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Jos. E. McCulloh

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6135 Pallmal

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.