No. 300
10-48

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3200

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0345

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

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 2269

d. STREET ADDRESS (If rural, give location) 2110a N. 13th. St

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) ESTELLE c. (Last) PHILLIPS

4. DATE OF DEATH (Month) JAN. (Day) 11, (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June ~~22-1881~~ 26-1881
9. AGE (In years last birthday) ~~71-70~~ 71 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
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Oscar 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. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oscar Phillips 2110a N. 13th St

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) Cerebral hemorrhage

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.

INTERVAL BETWEEN ONSET AND DEATH

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? 331X

22. *I hereby certify that I attended the deceased from* 1-7-52, 19___, *to* 1-11-52, 19___, *that I last saw the deceased alive on* 1-11-52, 19___, *and that death occurred at* 6:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F. J. Cotanzaro M.D.
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-14-1952
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) St. Louis County Mo

DATE REC'D BY LOCAL REG. JAN 14 1952
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. Co 2223 St. Louis Av

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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.

Date of birth on both policies given as June 26-1880 for Cora E. Phillips

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

G. Pauly

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St.Louis }

State File No. 3200

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 345

On this 29th day of January, 1952, before me appears Leidner Und. Co., (Harry Luecke), who, upon his oath, states that the original record of ~~birth~~ death for Cora Estelle Phillips died ~~xxxx~~ Jan. 11-, 1952 in the State of Missouri, and which was filed at St.Louis, Mo. on 1-14-1952 19, should be corrected as follows:

Item No. 8 should read June 26-1880

Instead of June 22-1881

Item No. 9 should read 71 yrs.

Instead of 70 yrs.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Leidner Und. Co. Harry Luecke
Relationship

Leidener Und. Co.

2223 St.Louis Ave., St.Louis, Mo.
Present Address.

Subscribed and sworn to before me this 29th day of January, 1952.

My Commission expires 3-4-53

Ella C. Paddock
Notary Public.

V. S. 135
M—8-43
I X37817