

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 <i>Missouri</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <i>St. Louis</i>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				STREET ADDRESS (If rural, give location) <i>11 3845 St. Ferdinand</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Ola</i>		b. (Middle) <i>NMN</i>		c. (Last) <i>Phillips</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 12, 1954</i>	
5. SEX <i>F</i> 3 <i> Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Jan. 7, 1908</i>		9. AGE (In years last birthday) <i>46</i> 11 <i> Months</i> <i> Days</i> IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Gov. Family</i>		11. BIRTHPLACE (City and State, or Foreign Country) <i>Tallulah, La.</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <i>Frank Stewart</i>		13b. MOTHER'S M maiden name <i>Mariah Dennis</i>		13c. NAME OF HUSBAND OR WIFE <i>George Phillips</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>George Phillips 3845 St. Ferdinand</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Carcinomatosis (primary site--left breast)</i> 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 <i>13 yrs.</i>	
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) (STATE) _____			
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? <i>170X</i>			
22. I hereby certify that I attended the deceased from <i>1942</i> , 19____, to <i>Nov. 12, 1954</i> , that I last saw the deceased alive on <i>Nov. 12, 1954</i> , and that death occurred at <i>11:28Am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A. V. Bradley</i> (Degree or title) <i>M. D.</i>				23b. ADDRESS <i>BARNES HOSPITAL</i>		23c. DATE SIGNED <i>11/12/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>		24b. DATE <i>Nov 18, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>	
DATE REC'D BY LOCAL REG. <i>NOV 17 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. B. Kosua 12211 Grand</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....
Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 1221 W. 5th St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.