

FILED APR 12 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10878
STATE FILE NUMBER 2602

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>ST LOUIS</u> Y ^X <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>EAST ST LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb <u>16</u> HOSPITAL OR INSTITUTION <u>MO BAPTIST</u> <u>0</u> <u>3</u> <u>3</u> <u>DAYS</u>		d. STREET ADDRESS <u>1015 N 43 ST</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ZELLA</u> <u>PHILLIPS</u>			4. DATE OF DEATH Month Day Year <u>MARCH 15 1957</u>		
5. SEX <u>/ FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 14 1920</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REYNOLDS CO</u>	11. BIRTHPLACE (City and state or country) <u>EAST-ST LOUIS ILL /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13. FATHER'S NAME <u>MATTHEW MODROVSKY</u>			14. MOTHER'S MAIDEN NAME <u>ANNA SOVAKA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>332-16-2530</u>	17. INFORMANT <u>Fred L. Phillips</u> Address <u>1015 N 43 ST</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Viral Encephalitis</u> Type undetermined 2 wks		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>092x</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>March 8 1955</u> <u>3/16/57</u> and last saw her alive on <u>3/15/57</u> Death occurred at <u>8:45 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (If three or title) <u>Jack Reid</u>	22b. ADDRESS <u>4652 Marycard</u>	22c. DATE SIGNED <u>3/15/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/16/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	23d. LOCATION (City, town, or county) (State) <u>East St Louis Ill</u>
24. FUNERAL DIRECTOR <u>Robins Funeral Home</u> ADDRESS <u>417 1/2 St East St Louis Ill</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 16 57</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
Y. 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Securing the medical certification in the specific manner required by 193.140 W.M.S. 1947.

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 *Hann Proff*.....

Licensed Embalmer No. *435*

P. O. Address *St. Louis*

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.