WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34841

File No. 9014

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 74

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Lillie Phillips

(a) Residence, No. 913 So 17th St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-25-1885

7. AGE: Years 47 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nut Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

FATHER

13. NAME: Nick Hayman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

17. INFORMANT (ADDRESS): A Gertrude Creath City Hospital #2

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE: Father Disks DATE: Sept 19 1933

19. UNDERTAKER (ADDRESS): Woods. 2827 Dickson

20. FILED: OCT 19 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-11-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1933, to 10-11-, 1933

I last saw her alive on 10-31-, 1933 Death is said to have occurred on the date stated above, at 2:25 a.m.

The principal cause of death and related causes of importance were as follows:

46D

Cancer of Rectum Malignant

Date of onset: 3 months

Other contributory causes of importance:

Name of operation: Resection of Rectum Date of 9-30-33

What test confirmed diagnosis? Clinic Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. G. Robinson M. D.

(Address) City Hospital #2