

**FILED MAY 13 1941**

**1003**

**3302**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 3023<sup>9</sup> Clark Ave.

(a) County: St. Louis Mo.

(b) City or town: St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3023<sup>9</sup> Clark Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME: ESSIE Phillips

8. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex: Female 5. Color or race: Col

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George Phillips

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Unknown  
(Month) (Day) (Year)

8. AGE: abt 44 Years Unknown Months Unknown Days Unknown hr. Unknown min.

If less than one day \_\_\_\_\_

9. Birthplace: Ala.  
(City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: Joe Davis

18. Birthplace: Ala.  
(City, town, or county) (State or foreign country)

14. Maiden name: Jane Allen

15. Birthplace: Ala.  
(City, town, or county) (State or foreign country)

16. (a) Informant: George Phillips

(b) Address: 3023<sup>9</sup> Clark Ave.

17. (a) Rural (burial, cremation, or removal) (b) Date thereof: April 17/41  
(Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: J. A. Green

(b) Address: 2915 Franklin Ave

19. (a) APP 15 1941 (Date received local registrar)

(b) J. T. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: St. Louis 18  
(If outside city or town limits, write "RURAL")

(d) Street No.: 3023<sup>9</sup> Clark Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11<sup>th</sup> year 1941 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 24<sup>th</sup> 1941 to April 7<sup>th</sup> 1941 that I last saw her alive on April 7<sup>th</sup> 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration few years

Due to: Chronic Nephritis

Due to: Diabetes

Other conditions: Al  
(Include pregnancy within 3 months of death)

Major findings: Al

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_

23. Signature: Dr. Martin K. Brockmeyer

Address: 4902 St. Louis Ave Date signed: 4/12/41

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

0  
7  
9

*John*  
*1964*  
*1000*

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *J. C. Gissen*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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, above space should be left blank.**