

No. 2  
-13-40  
17-39  
X23159

Registration District No. 427

Primary Registration District No. 55750

Registrar's No. 67

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town CRYSTAL CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community 14 days  
years, months or days

3. (a) PRINT FULL NAME MYRTLE ANN PHILLIPS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased AUGUST 23, 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>14</u>	hr. min.

9. Birthplace Crystal City, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business INFANT

12. Name HOWARD PHILLIPS

13. Birthplace Male Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Stackley

15. Birthplace St. Genevieve, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Phillips

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof Sept. 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Antony R. Palitte

(b) Address Crystal City, Mo.

19. (a) Sept 8-1941 (b) J. E. Phledge  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County JEFFERSON

(c) City or town CRYSTAL CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 215 CHESTNUT STREET.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6  
year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death after taking testimony from family physician and mother the conclusion was that child came to her death due to strangulation caused by aspirating mattress outside door into the air passage.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 1600

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) Natural Cause

(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 9

23. Signature J. W. Walsh, Acting Registrar (D. or other)

Address Crystal City, Mo. Date signed 7/6/41

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

30  
1  
1

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**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 Gentry R. Pollette

Licensed Embalmer No. 3481

P. O. Address Crystal City, Va

**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.**