

Registration District No. 284

Primary Registration District No. 06

Registrar's No. 1017

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
134 W. Rose Hill
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL.")
(d) Street No. 134 W. Rose Hills
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stella E. 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 Widow

6. (b) Name of husband or wife Theophilis Phillips 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Max Graham

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

14. Maiden name Jenkins

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

16. (a) Informant Mr. Randolph Phillips

(b) Address 134 W. Rose Hill Kirkwood, Mo
Removal

17. (a) _____ (b) Date thereof 5-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Iowa

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo

19. (a) MAY 8 - 1942 (b) C. G. Mc. Garry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1942 hour _____ minute 7:40A M.

21. I hereby certify that I attended the deceased from Jan 6 1942 to May 8 1942
that I last saw her alive on May 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease with
general anasarca

Duration 5 years

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 920

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William B. Day (M. D. or other) _____

Address 3720 Washington Date signed 5/8/42

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

96
7
3

DEC 2 1949

DEC 2 1949

Em (Henry) Day
Barnes on #13109 -

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 John M Meyer
Licensed Embalmer No. 3288
P. O. Address Kirkwood, Mo

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.