

FILED MAY 29 1944

Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hosp.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6737 Plateau
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PHILLIPS, MAMIE RUDY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fem. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Bert Phillips 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased August 2 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 16 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER } 12. Name Henry Stulte
13. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Rudy, ins (son)

(b) Address 6737 Plateau Ave.

17. (a) Burial (b) Date thereof May 20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Michael J. Croghan

(b) Address 7146 Manchester Rd.

19. (a) MAY 22 1944 (b) E. J. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 16, 1944 to May 17, 1944
that I last saw her alive on May 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death St. Side Lobar Pneumonia 1 1/2 da
Duration _____

Due to _____
Due to _____
Other conditions Anterior Chronic Heart Disease 10 Mo
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1 St
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 injury) (a) Means of injury _____

23. Signature Florence A. Dill (M. D. or other) MD
Address 7346 Manchester Date signed 5-19-44

JAN 26 1945

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

Walter W. Hooper

Licensed Embalmer No. *1861*

P. O. Address.....

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.