

818

Primary Registration District No. 1003

Registrar's No. 2969

1. PLACE OF DEATH:

(a) County.....
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST ANTHONYS HOSPITAL 0
(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 MISSOURI (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4414 TAFT AV
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME NELLIE Phillips

3. (b) If veteran, name war NO 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 SIDNEY H. PHILLIPS 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. DECEMBER 14 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 16 .hr. min.

9. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business.....

12. Name JOHN DUGGAN

13. Birthplace IRELAND 0
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN NORTON

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant George Phillips
(b) Address 44014 Taft av

17. (a) BURIAL (b) Date thereof APRIL 3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN CEM.

18. (a) Signature of funeral director E. J. Schurer

(b) Address 3125 Lafayette av

19. (a) APR 2 1945 (Date received local registrar)
J. J. Bredeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 45 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from March 18, 1945 to March 15, 1945
that I last saw her alive on March 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal toxemia 13 days
Due to partial intestinal obstruction 13 days
and peritoneal adhesions
Due to Colostomy for ulcerative colitis 7 yrs
not malignant
Other conditions.....
(include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Intestinal obstruction
Of operations.....
Of autopsy..... 123, 2
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?..... (c) Means of injury.....
23. Signature Robert G. Hines (M. D. or other) M.D.
Address 508 N. Grand Blvd. Date signed 4/2-1945

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

MOTHER FATHER

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.....

Jose B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *St Louis 40 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.