

FILED JUL 12 1946  
378

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 5717

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:  
Homer G Phillips Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 2/17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3016 Lucas Ave.  
(If rural, give location) 7  
(e) Citizen of foreign country? (Yes or No) 3  
If yes, name country.

3. (a) PRINT FULL NAME Pinkie Phillips

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

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Sept 28 1882  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 26 If less than one day  
hr. min.

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

10. Usual occupation Wid

11. Industry or business

12. Name Will Hill

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

14. Maiden name Jennie Stokes

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

16. (a) Informant Anna Mae Hooks

(b) Address 3016 Lucas Ave.

17. (a) Burial (b) Date thereof July 3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Greene

(b) Address 2915 Franklin Ave

19. (a) JUN 29 1946 J. F. Breach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1946 hour 5: minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-24, 1946, to 6-27, 1946, that I last saw her alive on 6-27-, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration Undet

Due to

Due to

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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) Means of injury 0

23. Signature Orison J. Uyer (M. D. or other)

Address 2601 N. Whittier Date signed

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

MOTHER FATHER

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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

*J. C. Swan*

Licensed Embalmer No.

*2963*

P. O. Address

*2915 Franklin av*

**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.**