No. 2
1-2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 31337

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1991

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution: 302 S GORE AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 33 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 302 S Gore 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME ANNA PHILLIPS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex F/ 5. Color or race ✓ 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife CLINTON J PHILLIPS

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

7. Birth date of deceased FEBRUARY-17-1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	7	27	— hr. — min.

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

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name JOHN GEORGE 4
13. Birthplace WALES (City, town, or county) GREAT BRITON (State or foreign country)

MOTHER
14. Maiden name MARY ANN EVANS
15. Birthplace UNKNOWN (City, town, or county) GR. BRITAIN 4 (State or foreign country)

16. (a) Informant A P Phillips
(b) Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-25-1946 (Month) (Day) (Year)
(c) Place: burial or cremation WAYLAND-OHIO

18. (a) Signature of funeral director Parker Und Co
(b) Address Webster Groves Mo

19. (a) 9-25-46 (Date received local registrar) (b) Ruth L Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from ....., 1925 to Sept. 23, 1946 that I last saw h 25 alive on Sept 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to 93	
Due to	
Other conditions (1) Arthritis deformans (Include pregnancy within 3 months of death) (2) Bronchial Asthma	
Major findings: Of operations	
Of autopsy none	

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? — (Specify type of place)

While at work? — (e) Means of injury — 0

23. Signature Wm Alexander Smith (M. D. ~~or other~~)

Address Webster Groves Mo Date signed 9-24-46

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1946

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 Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.

No. 2B
M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1991

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Webster Grove
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Phillips

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race ✓ ✓

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 17 1882
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Ruth I Allen MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 23
year 1946 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

31337

DEC 1 8 1946