

No. 2
-12-45
5-17-39
X47070

FILED MAR 6 1947

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 397

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7857 Folk Ave.
(If not in hospital or institution, write street number or location)

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

In this community.....

3. (a) PRINT FULL NAME GEORGE A. PHILLIPS SR.

3. (b) If veteran, name war None

3. (c) Social Security No. 492-20-2162

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Apr. 1, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 10 21

hr. min.

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

10. Usual occupation Factory Worker

11. Industry or business Wallace Pencil Co. Maplewood, Mo.

12. Name Jesse Phillips

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

14. Maiden name Wells
(City, town, or county) (State or foreign country)

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

16. (a) Informant Bertha Phillips

(b) Address 7857 Folk Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof Feb. 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Kirkwood, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) 2-25-47 (b) Ruth S. Allen M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7857 Folk Ave.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1947 hour 10 A.M. minute..... M.

21. I hereby certify that I attended the deceased from
Feb 15 1947 to Feb 22 1947
that I last saw him alive on Feb 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to.....
940

Due to.....

Other conditions Chronic bronchitis
(Include pregnancy within 3 months of death) 2 months

Major findings:
Of operations.....

Of autopsy.....

Duration
4 hours

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)

23. Signature E. O. Breckemida M.D. (M. D. or other) O

Address Maplewood Mo Date signed 2/23/47

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.