

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 28102
28147
Registrar's No.

Registration District No. 318

Primary Registration District No.

19
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County ST. LOUISIS
(b) City or town ST. LOUISIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 HOURS
(Specify whether
In this community 7 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JOHNSON
(c) City or town ST. LOUISIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3617 so BROADWAY
24 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME HILDAGARD PHILLIPS
3. (b) If veteran, name war
3 (c) Social Security No. 498-10-0579

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE-22-1900
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 20 If less than one day hr. min.

9. Birthplace ST. LOUIS - MO
(City, town, or county) (State or foreign country)

10. Usual occupation DRESS MAKER

11. Industry or business

12. Name LEOPOLD STORZ

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BERGINDINGER
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Paul H. Phillips Jr
(b) Address 1426 a monroe

17. (a) CREMATION (b) Date thereof 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA

18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 National Bridge

19. (a) AUG 14 1948 (b) J. T. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1948 hour 5:40 minute A. 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.

Immediate cause of death Cerebral Apoplexy
Duration

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?

While at work (Specify type of place) 3
Means of injury
23. Signature Patrick J. Taylor (M.D.)
Address 1100 Clark Date signed 8/14/48

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

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.