

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11375

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 735

4004

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Maplewood		c. CITY (If outside corporate limits, write RURAL and give township) Maplewood	
c. LENGTH OF STAY (In this place) 8 yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION 7255 Moller Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7255 Moller Ave.		e. STREET ADDRESS (If rural, give location) 7255 Moller Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Eulalie b. (Middle) A. c. (Last) Phillips			4. DATE OF DEATH March 19, 1950 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH December 14, 1859		9. AGE (In years last birthday) 90 IF UNDER 1 YEAR: Months _____ Days _____ IF OVER 1 YEAR: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Phillips		13b. MOTHER'S MAIDEN NAME Adel Sangunet		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. T. L. Kenefick 7255 Moller Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION Infirmities of age			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>Mar. 18, 1950</u> , to <u>Mar. 19, 1950</u> , that I last saw the deceased alive on <u>Mar. 19, 1950</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE Leo W. Stuee		(Degree or title)		23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 3-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. 3-21-50		REGISTRAR'S SIGNATURE Hubert R. Blomker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. J. Croghan 7146 Manchester	
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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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed

J. Allen Davis Jr.

..... Licensed Embalmer No. *7053*.....

P. O. Address.....

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.