

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15198**  
Registrar's No. **9465**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>106 Aberdeen Pl.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>106 Aberdeen Pl.</b>			

3. NAME OF DECEASED a. (First) <b>Amanda</b> b. (Middle) <b>Jane</b> c. (Last) <b>Phillips</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 9, 1950</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	
8. DATE OF BIRTH <b>Aug. 13 1863</b>		9. AGE (to years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Georgia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Colwell Maxwell</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Caldwell</b>		14. NAME OF HUSBAND OR WIFE <b>Benjamin Phillips</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C. T. Burnett, 5138 St. Louis</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arterio sclerosis</b>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <b>331 X</b>				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) (Min)		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 **July 6, 1945**, to **April 9, 1950**, that I last saw the deceased alive on **April 9, 1950**, and that death occurred at **8:35 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Anthony B. Bayne, D.</b> (Degree or title)		23b. ADDRESS <b>3720 Washington Blvd.</b>		23c. DATE SIGNED <b>4-10-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>4-11-50</b>		REGISTRAR'S SIGNATURE <b>Herbert C. Dombek</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral, 1905 Union Blvd.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

4000

Dr. Anthony B. Day,  
Beaumont Bldg.,

(3 or 3:30)

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert R. Thompson Jr

Licensed Embalmer No. 4257

P. O. Address St. Louis

**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.