

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14594

State File No.

Dr. E. J. ...
FILED MAY 4 1951

318

REG. DIST. NO. 800

1003

81E

3873
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 800		PRIMARY REG. DIST. NO. 81E		Registrar's No. 3873			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2119</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4325 N. Market</u>				11. STREET ADDRESS (If rural, give location) <u>4325 N. Market</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sweeda</u>			b. (Middle)		c. (Last) <u>Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 22 51</u>		
5. SEX <u>F</u> <u>3</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 9-1888</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>13</u> IF UNDER 1 HR. Hour <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US A</u>		
13a. FATHER'S NAME <u>Louis John on</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Robert L. Phillips</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. O. W. Johnson 3700 D arling A ve.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Chronic Arthritis</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS: <u> </u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>16 June '47</u> <u>170) ct '49</u>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>					
22. I hereby certify that I attended the deceased from <u>16 June 1947</u> to <u>22 Apr. 1951</u> , that I last saw the deceased alive on <u>28 Apr. 1951</u> , and that death occurred at <u>4:30P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <u>J. James Egan, M.D.</u>				23b. ADDRESS <u>4730a Page Blvd.</u>			23c. DATE SIGNED <u>24 Apr. '51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis 601 Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 25 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Frazier</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>G. D. Koone</u>		ADDRESS <u>1221 N. Grand</u>		

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

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 _____

Licensed Embalmer No. 4755

P. O. Address. 1021 N. Green

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.