S. No. 300
10.48

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3201

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0525

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

1. PLACE OF DEATH
a. COUNTY XXXXXXXXXXXXXXXXXXXX
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2811 Stoddard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2219
d. STREET ADDRESS (If rural, give location) 2811 Stoddard Street

3. NAME OF DECEASED (Type or Print)
a. (First) Ella
b. (Middle)
c. (Last) Phillips

4. DATE OF DEATH (Month) Jan. (Day) 13 (Year) 1952

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH abt
9. AGE (In years last birthday) 75 — If under 1 year: Months X Days 19 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY nil
11. BIRTHPLACE (State or foreign country) Mylon, Tennessee 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Morris Hayes
13b. MOTHER'S MAIDEN NAME Penny Parker
14. NAME OF HUSBAND OR WIFE nil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. nil
17. INFORMANT'S SIGNATURE OR NAME Laura Burgess ADDRESS 4356 St. Ferdinand Av.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4210

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Jan 13, 1952 *that I last saw the deceased alive on* Jan 13, 1952 *and that death occurred at* 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) G. W. Craddock MD
23b. ADDRESS Tower N Leffingwell
23c. DATE SIGNED Jan 15, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-19-52
24c. NAME OF CEMETERY OR CREMATORY Father Dickson
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JAN 18 1952
REGISTRAR'S SIGNATURE J. Earl Smith MD W23
25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son ADDRESS 2629-31 Cole St.

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.