

No. 300
10.48
6000

FILED JUL 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **21679**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1453**

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koeh		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
c. LENGTH OF STAY (in this place) 6 Mo.		d. STREET ADDRESS (If rural, give location) 3209 Cherokee	
d. FULL NAME OF HOSPITAL OR INSTITUTION Koeh Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) F c. (Last) Philipson			4. DATE OF DEATH (Month) (Day) (Year) June 19 1954		
5. SEX F.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 6-12-1879		9. AGE (in years last birthday) 75		10. IF UNDER 1 YEAR Months _____ Days 7 IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMTRESS		10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (City and State or Foreign Country) FLORISANT MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME UNKNOWN - TAKE		13b. MOTHER'S MAIDEN NAME ANNA - UNKNOWN		14. NAME OF HUSBAND OR WIFE Robert G. Philipson	
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. J. FINLEY - 3209 Cherokee	

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) Adelkin's Disease of Lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tbc DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized AS		INTERVAL BETWEEN ONSET AND DEATH	
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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 **April 1, 1954**, to **June 19, 1954**, that I last saw the deceased alive on **June 19, 1954**, and that death occurred at **12:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Koeh Hosp. S.H.		23c. DATE SIGNED 6/19/54	
24a. BURIAL, CREMATION REMOVAL (Specify) CREMATION		24b. DATE 6-21-54		24c. NAME OF CEMETERY OR CREMATORY VALHALLA-CREMATORY	
		24d. LOCATION (City, town, or county) (State) ST. Louis - Co. MO			

DATE REC'D BY LOCAL REG. 6/20/54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. SMITH - MAPLEWOOD - MO.	
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WRITE PEAINLY-4 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 _____

R. O. Yankovic

Licensed Embalmer No. _____

3917

P. O. Address _____

[Signature]

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.