

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3502

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 129

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) OR TOWN Arbor Terrace		c. CITY OR TOWN Arbor Terrace c. LENGTH OF STAY (in this place) 1 year	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6905 Alberici Avenue		STREET ADDRESS (If rural, give location) 6905 Alberici Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Belle c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 8, 1865	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (City and State or Foreign Country) Des Moines, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Burkhead	13b. MOTHER'S MAIDEN NAME Martha Jane Mitchell	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marian Hamnett, 6905 Alberici Av	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August, 1953, to January, 1955, that I last saw the deceased alive on 1-17-, 1955, and that death occurred at 12:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Feller M.P.	23b. ADDRESS 2739 N. Grand	23c. DATE SIGNED 1-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal via Rail	24b. DATE Jan 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	24d. LOCATION (City, town, or county) (State) Springfield Missouri
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DATE REC'D BY LOCAL REG. 1/18/55	REGISTRAR'S SIGNATURE Hoschek	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Ave	ADDRESS
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....
Clement M. Mans

Licensed Embalmer No. *373*

P. O. Address *H. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.