

FILED NOV 16 1956

82348-56

Registration District No.

318

Primary Registration District No.

1003

Registration District No. 9043

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Belleville</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hosp.</i>		d. STREET ADDRESS <i>809 S. Virginia</i>	
3. NAME OF DECEASED (Type or print) <i>REBECCA</i>		4. DATE OF DEATH <i>10-2-56</i>	
5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>10-1-56</i>	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Lowell Phipps</i>		14. MOTHER'S MAIDEN NAME <i>Mary Lou Rutter</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		17. INFORMANT <i>Lowell Phipps, Belleville, Ill.</i>	
18. CAUSE OF DEATH: [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>INTRACRANIAL Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 1/2 hr</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Ten Facial Tear due to rapid</i>			
DUE TO (c) <i>second stage of labor.</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>hemorrhage into stomach, lungs & kidneys.</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Rapid 2nd stage of labor</i>	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m. <i>at birth</i>		760.0	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>9:00 - 10:15</i> to <i>12:00 am 2 Oct 56</i> and last saw her/him alive on <i>12:20 am 2 Oct 56</i> . Death occurred at <i>12:00 am 2 Oct 56</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Earl Boles, M.D.</i>		22b. ADDRESS <i>35 N. Central, Clayton</i>	
22c. DATE SIGNED <i>2 Oct 56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>10-2-56</i>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <i>Belleville, Ill.</i>	
24. FUNERAL DIRECTOR <i>Gaerdner, Belleville, Ill.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 3 1956</i>	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>			

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 *No Embalmer*
.....
Licensed Embalmer No.....

P. O. Address

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. 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.