

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37759

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis Mo* (No. *City Hospital #2*)

File No.....
Registered No. **10461**
St. Ward)

2. FULL NAME

Tony Phillips
(a) Residence, No. *1607 N. Franklin St.*, *25* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mrs. Phillips</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>abh</i>	<i>58</i>		<i>-</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Laborer 237</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Genoa 2</i>				
FATHER	13. NAME <i>Unknown</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown 31</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
17. INFORMANT <i>A. A. Gentry, Death City Hospital #2</i> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father Dickson</i> DATE <i>Nov 28 1932</i>				
19. UNDERTAKER <i>Dernesh - son</i> (ADDRESS) <i>2700 Wash St</i>				
20. FILED NOV 26 1932 <i>Max C. Starkey</i> Registrar				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-22-1932*

22. I HEREBY CERTIFY, That I attended deceased from *11-18 1932*, to *11-22-1932*. I last saw him alive on *11-22-1932*. Death is said to have occurred on the date stated above, at *11:00 a.m.* The principal cause of death and related causes of importance were as follows:
*131
132
Chronic myocarditis
Chronic nephritis - anemia*

Other contributory causes of importance:
*131
132
Chronic nephritis - anemia*

Name of operation..... Date of.....
What test confirmed diagnosis *the lab* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury..... **(1)**

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *Anthony*, M. D.
(Address) *City Hospital 2*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

