

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

Do not use this space.

42721-0

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis Mo No. City 14, ward 2 St. _____ Ward _____

File No. _____
 Registered No. 362
 St. _____ Ward _____

2. FULL NAME

Baby Phillipps
 (a) Residence, No. 38523rd St., 22 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-22-32</u> | | |
| 7. AGE | YEARS | MONTHS DAYS |
| | <u>Premature</u> | <u>5</u> hrs. or <u>4</u> min. |
| 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. | |
| | <u>nil</u> | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) | | <u>St. Louis Mo</u> |
| FATHER | 13. NAME <u>Gas. Phillipps</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ark</u> | |
| MOTHER | 15. MAIDEN NAME <u>Jannie Vinson</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ark</u> | |
| 17. INFORMANT (ADDRESS) <u>A. Westendelrecht, City Hospital</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| PLACE <u>POTTEE'S FIELD</u> DATE <u>1-12-33</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Construction Co 2485 Franklin</u> | | |
| 20. FILED <u>JAN 11 1933</u> <u>C. J. ...</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1932 to 12-22 1932.
 I last saw him alive on 12-22 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
159
Premature
 Other contributory causes of importance: 159 (D)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

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.

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