JAN 4 1935

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

Do not use this space.

45004

791

1003

File No. 12157

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. 5881a Easton, Ave., St. ..... Ward)

2. FULL NAME Jacob Joseph Phillips,

(a) Residence, No. 5881a Easton Ave., St., 6 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa M. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1847.

7. AGE: YEARS 87 | MONTHS 4 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saddlery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Bussiness
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) Missouri.

FATHER

13. NAME John Phillips,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER

15. MAIDEN NAME Don't Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Rosa Phillips, 5881a Easton Ave.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem., DATE Dec. 26, 1934

19. UNDERTAKER (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED [illegible] 1935, 19 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1934, to Dec 22, 1934

I last saw him alive on Dec 22, 1934. Death is said to have occurred on the date stated above, at 9.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Dec 9/34
1070	
1070	

Other contributory causes of importance:

Senility	1 yr

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Rudolph F. Hel, M. D.

(Address) 4929 Union Blvd.

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.

100M-11-24-33