

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

Do not use this space.

10579

1. PLACE OF DEATH Mar 1 4 1935

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. Alexian Bros Hospital)

St. Ward

File No.....

Registered No. 2192

2. FULL NAME Phillip S. Hare

(a) Residence, No. 208 Sidney St. 23 Ward.

(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 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 Kathleen Hare

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) St. Louis Mo

13. NAME Thomas B. Hare

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) May Wright 6818 State St. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 3-7-35

19. UNDERTAKER (ADDRESS) Dr. A. Bredede 61231 So. Broadway

20. FILED 19 St. Bredede Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1934 to MARCH 4th, 1935

I last saw him alive on March 3rd, 1935 Death is said to have occurred on the date stated above, at 7:50 A.M.

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

Arterio Sclerosis

Date of post mortem

March

Other contributory causes of importance: Gangrene (left foot)

Date of post mortem

Dec 1934

Name of operation none Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur? no (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify no

(Signed) J. E. Jones, M. D.

(Address) 1000 So. Broadway

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.

