

JUN 28 1935

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

Do not use this space.

18546

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch, Mo.

Registration District No. 1123
Primary Registration District No. 6248B
(No. Koch Hospital)

File No.
Registered No. 176
St. Ward)

2. FULL NAME

(a) Residence, No. Wm Phillips St. Wm Phillips Ward St. Louis, Mo.
(Usual place of abode) 2504 S. 12th St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 - 1885

7. AGE YEARS 48 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
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) Germany

FATHER 13. NAME Wm Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Amelia Reichardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Robert Koch (son) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Crematory DATE May 16th 1935

19. UNDERTAKER (ADDRESS) Mr. Schunegger
3015 Mergue St.

20. FILED May 14 1935 S. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13 1935

22. I HEREBY CERTIFY, That I attended deceased from A-14, 1934, to 5-13, 1935

I last saw him alive on 5-13, 1935. Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Tuberculosis of Kidney
Tuberculosis of Lungs

Other contributory causes of importance:
Measles

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 C. I. Fisher
(Signed) Robert Koch Hospital M. D.
(Address) Koch, Mo.

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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