

APR 11 1936

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

Do not use this space.

8673

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City *St. Louis Mo.* (No. *City Inf*)

St. Ward)

File No. 2929

Registered No.

2. FULL NAME *Edgar Phillips*(a) Residence, No. *City Inf* St. *St. Louis* Ward. *13*
(Usual place of abode) *5800 Arsenal* (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 <i>male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widower</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Unknown</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 22, 1866</i>		
7. AGE YEARS <i>69</i>	MONTHS <i>11</i>	DAYS <i>6</i>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labourer</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Dry</i>
	10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wisconsin*13. NAME *Isaac Phillips*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*15. MAIDEN NAME *Eliza Layton*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*17. INFORMANT (ADDRESS) *E. Molony 5800 Arsenal St.*18. BURIAL, CREMATION, OR REMOVAL PLACE *St Louis U* DATE *3-10* 19*36*19. UNDERTAKER (ADDRESS) *Walter Rietter 3509 Ridger St*20. FILED *APR 17 1936* *J. F. Breideck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 25, 1936*22. I HEREBY CERTIFY, That I attended deceased from *March 25, 1933, to February 28, 1936*I last saw him alive on *February 28, 1936* Death is saidto have occurred on the date stated above, at *Missouri*.

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

*Chronic myocarditis**93 C*

Other contributory causes of importance:

Senility

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) *C. E. Smith*, M. D.(Address) *5800 Arsenal St. Louis, Mo*

Date of onset

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.

