

MAY 27 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 1123 ✓

Township

Primary Registration District No. 6248 BCity Gardenville(No. 8208 Gravois Ave.)File No. 18060Registered No. 173

St. _____ Ward)

2. FULL NAME

Emil L. Phillips(a) Residence, No. 8208 Gravois Ave.

St. _____

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

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 OFCentennial M. Phillips

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

Jan. 27, 1872.

7. AGE

YEARS

64

MONTHS

3

DAYS

3

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House cleaning9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hamilton, Ohio.

FATHER

13. NAME

Aloysius Phillips14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany.

MOTHER

15. MAIDEN NAME

Emma Heintz16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany.17. INFORMANT
(ADDRESS)Mrs. A. J. Sunders.
8208 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE May 2, 1936.19. UNDERTAKER
(ADDRESS)J. H. Gebken & Co.
2842 Meramec St.

20. FILED

May 1, 1936 L. Mowrey
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1935 to April 30, 1936I last saw him alive on Apr. 29, 1936. Death is saidto have occurred on the date stated above, at 9:45 A.M.

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

Metastatic carcinoma,
cancer throat and
pharynxDate of onset
1 yr.

Other contributory causes of importance:

Name of operation Radiation treated Date of _____What test confirmed diagnosis? lab. Was there an autopsy? No.

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) Arthur Sunders M. D.(Address) 770 7 University

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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1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No.
 Township Carondelet Primary Registration District No. 6248 G Registered No. 173
 City (No.) St. Ward)

2. FULL NAME

Emil L. Phillips

(a) Residence, No. St. 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 <u>m</u>		4. COLOR OR RACE <u>w</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>m</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>64</u>	<u>3</u>	<u>3</u>	
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.				
	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)					
FATHER	13. NAME				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
MOTHER	15. MAIDEN NAME				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL					
PLACE DATE 19.....					
19. UNDERTAKER (ADDRESS)					
20. FILED <u>May 1 1936</u> <u>G. Monroy</u> Registrar <u>per B. Tate</u> deputy					

MEDICAL CERTIFICATE OF DEATH 30

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw E. alive on, 19..... Death is said to have occurred on the date stated above, at, m.

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

Metastatic Carcinoma
Cancer of throat and pharynx

Date of onset

1 seat of cancer in larynx
Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) Arthur Guallaire M. D.

(Address) 2207 University

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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