

OCT 5 1936

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

Do not use this space.

35815

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. 1919 Wright)

791

1003

File No.....

Registered No. 9436

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 1919 Wright St. 26 Ward.

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31, 1884</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>5</u>
	DAYS <u>11</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Infield, Ill.
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs L Phillips  
(ADDRESS) 1919 Wright
18. BURIAL CREMATION, OR REMOVAL  
PLACE St. Matthews DATE 9-14 1936
19. UNDERTAKER Southern Lead Co  
(ADDRESS) 6322 S Grand
20. FILED SEP 14 1936  
J. B. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11 193622. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936 to 9/9, 1936I last saw him alive on Sept. 9, 1936. Death is said to have occurred on the date stated above, at 2:45 p. m.

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

Myocarditis  
Chronic Pyelonephritis  
T.R. of Bladder

Other contributory causes of importance:  
nephritis  
Cardiac Valvular disease.

Date of onset

Jan 1886Name 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) Walter H. Dill M. D.(Address) 7324 a new street  
Maplewood,  
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

