

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

Do not use this space. **7**

**NOV 4 1936**

**791**  
**1003**

**39546**

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City..... **St. Louis** (No. **CITY HOSPITAL NO. 2**)..... St. .... Ward)

File No.....  
 Registered No. **10587**

**2. FULL NAME** **DAVID PHILLIPS**

(a) Residence, No. **211a N. Leffingwell** st., **21** Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **35** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>Negro</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Rebecca Phillips</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>8-12-1875</b>				
7. AGE YEARS <b>61</b>	MONTHS <b>2</b>	DAYS <b>8</b>	If LESS than 1 day, ..... hrs. or ..... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Junker</b>				
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.....				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-20-** 19 **36**

22. I HEREBY CERTIFY, That I attended deceased from **10-8-** 19 **36**, to **10-20-** 19 **36**  
 I last saw him alive on **10-20-** 19 **36**. 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:  
**General Paralysis of the Insane** Date of onset  
**10-8-1936**

Other contributory causes of importance: **83**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT (ADDRESS) **Esther Mayo Sherard**  
**2945 Leffingwell Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Oct, 24** 19**36**

19. UNDERTAKER (ADDRESS) **J. F. Harrison**  
**2966 Leffingwell**

20. FILED **22** 19**36**  
**J. F. Bredbeck**  
Registrar.

Name of operation..... Date of.....

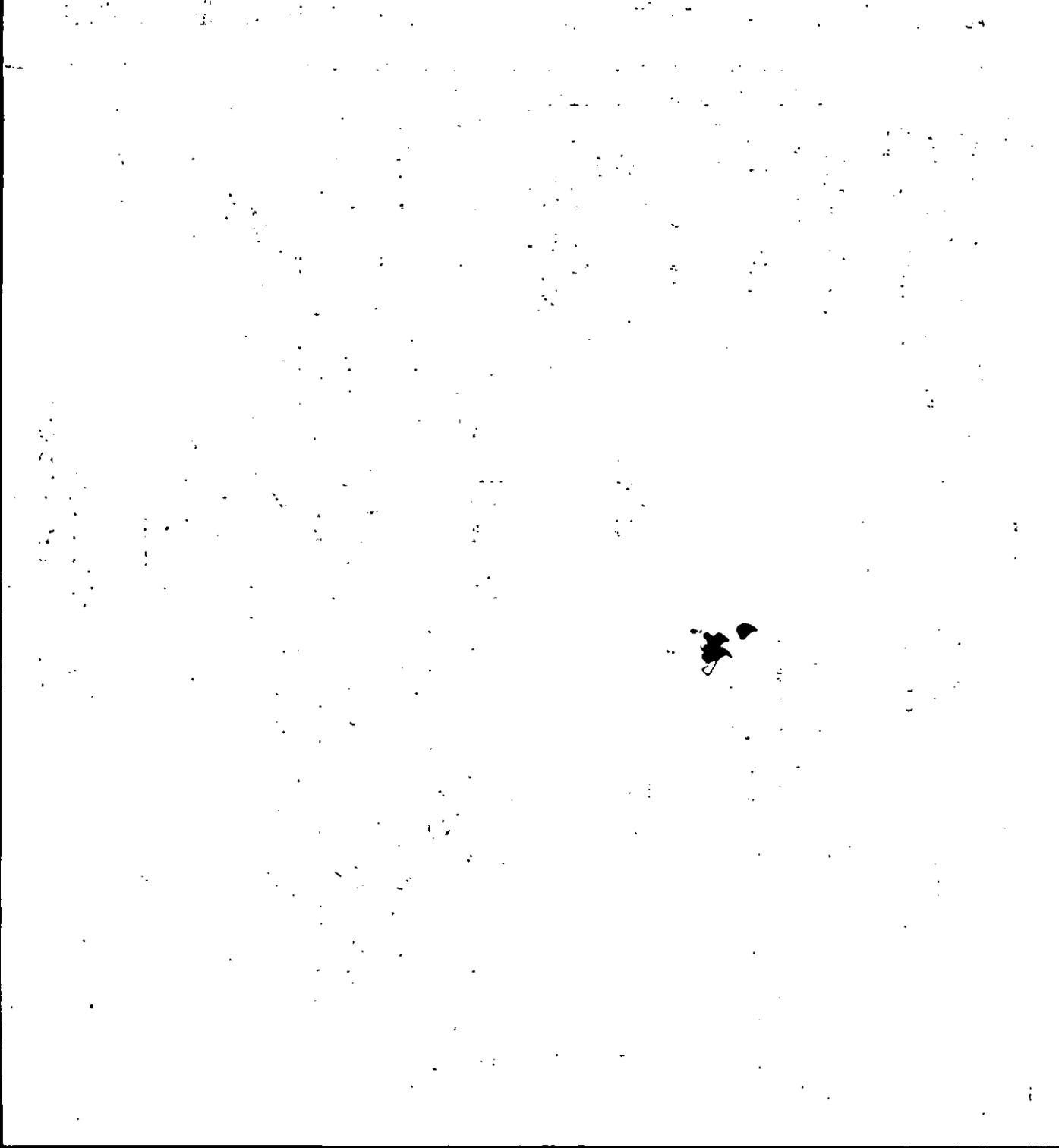
What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

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) **A. L. Lewis**, M. D.  
 (Address) **City Hosp # 2**

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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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St Louis Primary Registration District No. 1.003  
 City St Louis (No. City Hosp #2)  
 File No.....  
 Registered No. 10587  
 St..... Ward)

**2. FULL NAME**

(a) Residence, No. 211a N. Jefferson 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

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.  
61 2 8

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 NOV 13 1936 19 J. Bredeck Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... 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:

General paralysis of the Insane (Syphilitic)  
 Date of onset 10/8/36

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 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) A. d. Lewis M. D.

(Address) City Hosp #2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**SUPPLEMENTARY**

S-39546

THE UNIVERSITY OF CHICAGO