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

Do not use this space.

46731

1. PLACE OF DEATH JAN 10 1937

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No ..... St. ..... Ward)

File No. 12526

Registered No. .....

B. 12554

2. FULL NAME Charles Phillipp

(a) Residence, No. 1304 Montgomery St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 OF: Augusta Phillipp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15, 1867

7. AGE: ~~67~~ YEARS: 69 MONTHS: 10 DAYS: 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minnesota Docks

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): Atlantic Ocean

FATHER

13. NAME: ? August Phillipp

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

MOTHER

15. MAIDEN NAME: ? Unknown

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

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE Dec.22nd 1936

19. UNDERTAKER (ADDRESS): Hy Leidner Mud. Co. 1417 N. Market Str.

20. FILED DEC 22 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/28/36, 19 ..., to 12/19/36, 19 ...

I last saw him alive on 12/19/36, 19 ... Death is said to have occurred on the date stated above, at 6.35p.

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

	Date of onset
Degenerative heart disease	
Cerebral hemorrhage (old)	
Other contributory causes of importance:	
Arterio sclerosis, General	

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

What test confirmed diagnosis? ..... 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) Wm S. Friedewald, M. D.

(Address) City Hospital No.1

MARGIN RESERVED FOR BINDING

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

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.

V. S. NO. 2 50M-10-22-36 1 X9314