

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32707

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County.....

Registration District No.....

(b) Township.....

Primary Registration District No.....

(c) City St. Louis

(d) Street No. 2601

N Whittier

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter L Phillips

(a) Residence, No. 3041a Magazine

St. 11

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

64

5

2

OCCUPATION

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

Minister (Minister)

9. Industry or business in which work
was done, as 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) Mississippi
(STATE OR COUNTRY)

FATHER

13. NAME

Sandy Phillips

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

Mississippi

MOTHER

15. MAIDEN NAME

Ann Stanback

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

Mississippi

17. INFORMANT Evelyn Hilliard
(ADDRESS)

2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wash. Park DATE 9-20-1937

19. FUNERAL DIRECTOR

(ADDRESS) Luzinda Thomas
2734 Sheridan Ave.

20. FILED

SEP 20 1937

J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 19 37

22. I HEREBY CERTIFY, That I attended deceased from
Aug. 31 19 37 to Sept. 13 19 37

I last saw him alive on Sept. 13 19 37. Death is said
to have occurred on the date stated above, at 1:32 m. a.m.

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

Urinary Extravasation

Date of onset

8/31/

Results of Hypertrophy
of prostate

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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 L. Whittier, M. D.

(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, William Nunley, Licensed Embalmer No. 3105

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

William Nunley

Licensed Embalmer No. 3105

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)