

OCT 14 1937

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

32922
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips**
 (a) County Registration District No. **1003**
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **2601** N. Whittier St.
 (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 **1 1/2** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Gertrude Barnett**
 (a) Residence, No. **1618a Biddle** St. **25** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **----**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **----**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 10, 1935**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 3 11
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **----**
 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) **Sikeston**
 (STATE OR COUNTRY) **Missouri**

FATHER
 13. NAME **Tom Barnett**
 14. BIRTHPLACE (CITY OR TOWN) **Arkansas**
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME **Cornelia Hart**
 16. BIRTHPLACE (CITY OR TOWN) **Arkansas**
 (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Flanigan Dubois** DATE **9-25** 1937

19. FUNERAL DIRECTOR **Mrs. Lucretia Thomas et al.**
 (ADDRESS) **2734 Sheridan St.**

20. FILED **SEP 25 1937**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 21, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Sept. 18**, 19**37**, to **Sept. 21**, 19**37**
 I last saw h. or alive on **Sept. 21**, 19**37**. Death is said to have occurred on the date stated above, at **6:40** m. **p.m.**
 The principal cause of death and related causes of importance were as follows:

Primary Broncho-pneumonia
 Date of onset **9/18/37**
107

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) **Charles Howard**, M. D.
 (Address) **2601 N Whittier**

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.

22221-000

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

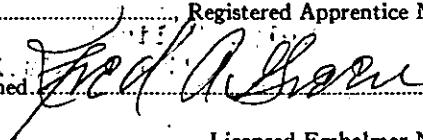
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2963

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.)