

NOV 23 1937

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

Do not use this space.  
38813

1. PLACE OF DEATH

County St. Louis  
Township Clayton  
City Clayton, Mo.

Registration District No. 790  
Primary Registration District No. 60338  
(No. St. Louis Co. Hosp.)

File No. \_\_\_\_\_  
Registered No. 384  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edward Bruce Phillips

(a) Residence, No. 2627 Arthur, Maplewood, Mo. 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-13-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 10

8. Trade, profession, or particular kind of work done, as spliner, 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) Clayton, Mo.

13. NAME Edgar Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Zelda Luna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark County, Mo.

17. INFORMANT Edgar J. Phillips  
(ADDRESS) 2627 Arthur Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Pauls DATE 10/25 1937

19. UNDERTAKER Brooker and Co  
(ADDRESS) 7406 Manchester

20. FILED 10/25 1937 Dr. J. Squarrelli  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-37, 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from 10-13-37, 19 \_\_\_\_\_, to 10-23-37, 19 \_\_\_\_\_

I last saw him alive on 10-23-37, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at 5:50 p.m.

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

Pneumonia  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation 159 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. O. Anderson, M. D.  
(Address) St. Louis County Hosp.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

96  
2  
7

OCCUPATION  
FATHER  
MOTHER

