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.

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 46731
Township ~~Clayton~~ — Primary Registration District No. 6033a — Registered No. 468
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Edward Phillips
(a) Residence, No. 915 St. Rita, Clayton, Mo. St. 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 (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-?-1872

7. AGE: YEARS 65 — MONTHS 4 — DAYS ? — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2.6 2
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) Ky. 2

FATHER
13. NAME Martin Phillips 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER
15. MAIDEN NAME Mary Frills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Ernest Phillips 915 St Rita ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE Jan. Dec 19 1937

19. UNDERTAKER (ADDRESS) Jay B Smith Funeral Home 7456 Manchester Ave Maplewood

20. FILED 12-18 1937 Dr A J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-14-37, 19 to 12-16-37, 19
I last saw him alive on 12-16-37, 19 Death is said to have occurred on the date stated above, at 8:00P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Abdominal Carcinomatosis. Primary site unknown	5 mon

Other contributory causes of importance:
Generalized Arteriosclerosis Chr Myocarditis

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 P Landicino, M. D.
(Address) St Louis County Hospital