

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH

13206  
Do not use this space.

1. PLACE OF DEATH Homer Phillips Hosp. 791  
 (a) County..... Registration District No. 1003  
 (b) Township..... Primary Registration District No. St. Phillips Hosp. Registered No. 3810  
 (c) City St. Louis, Mo. (d) Street No. Homer St. Phillips Hosp. St. St.  
 (If death occurred in Hospital or Institution, use its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Phillins 412.  
 (a) Residence, No. 906 Biddle St. 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1881</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>6</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as saw mill, bank, etc. <u>P. W. A.</u>		
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) <u>Oxford Miss.</u>		
FATHER	13. NAME <u>Jim Phillips</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>	
17. INFORMANT <u>I. L. Phillips</u> (ADDRESS) <u>Miss.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson</u> DATE <u>4/25/38</u>		
19. FUNERAL DIRECTOR (NAME) <u>E. L. Garner</u> (ADDRESS) <u>2829 Washington Ave.</u>		
20. FILED <u>APR 25 1938</u> <u>J. F. Budick</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:45 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
 Date of onset

Other contributory causes of importance:  
Arteriosclerosis

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 See above  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify Chronic Myocarditis  
 (Signed) Frank Phillins M. D.  
 (Address) St. Louis, Mo.

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.

JUN 3 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3994

Isaac Jerome Manlove

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address

2829 Washington Ave

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.)

If this body is not embalmed, above space should be left blank.