FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9011

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2494

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis? Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 25

(d) Street No. 814a Pine (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Roy H. Phillips

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 26, 1909 (Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Joseph S? [illegible]
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Laura Dexter
15. Birthplace (City, town, or county) Wis. (State or foreign country)

16. (a) Informant's own signature City Hosp. Record

(b) Address Ann Morrison

17. (a) St. Jo, Texas (Burial, cremation, or removal) (b) Date thereof 3/15/40 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 15 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1940 hour 8.50A.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemotogenous	
Due to Jaundice	
Due to (Infectious)	
Other conditions Time, place and manner of same could (Include pregnancy within 3 months of death)	
Major findings: Of operations not be determined	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence Unknown

(c) Where did injury occur? " (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? " (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Alfred Merry (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

V. S. No. 24 50M-5-17-39 Rev. 5-17-39 I X19511

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Florence Eymck

Licensed Embalmer No. 1284

P. O. Address So Louis Mo.

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.