

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

12504

Registration District No. 784

Primary Registration District No. 2nd

Registrar's No. 763

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether 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")
(d) Street No. 3225 N. Newstead Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Frank P. Philipp 410

3. (b) If veteran, name war World 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 17 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 5 0 hr. min.

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

10. Usual occupation Baker

11. Industry or business Baking

MOTHER FATHER { 12. Name Frank Philipp

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Fabick

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Clerk, Vet. Adm. Fac.

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 4-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Hy. Leidner and Co.

(b) Address 1417 N. Market St.

19. (a) APR 18 1940 (b) R. Hughes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1940 hour 10 minute 57 a.m.

21. I hereby certify that I attended the deceased from April 15, 1940 to April 17, 1940;
that I last saw him alive on April 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction, secondary to PCO adhesions, Unkn. Appendectomy 1938

Due to _____

Due to _____
Hernia, ventral, small, P.O.

Other conditions appendectomy 1938
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations Ileostomy - 4/16/40

Of autopsy None

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) _____

(b) Date of occurrence _____

(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? _____

While at work? Yes (Specify type of place) (e) Means of injury _____

23. Signature C. W. Hughes, M.D., Chief Med. Officer

Address Vet. Adm. Fac., Jeff. Brks., Mo. Date signed _____

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

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 Donner L. Ponder

Licensed Embalmer No. 3867

P. O. Address 2223 St. Louis

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.