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10-39
7-39
K21492

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
 In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dan Phillips 412
 3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Georgia Phillips 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Aug 12 1887
 (Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Tubar

11. Industry or business none

12. Name none

18. Birthplace La (City, town, or county) (State or foreign country)

14. Maiden name none

15. Birthplace none (City, town, or county) (State or foreign country)

16. (a) Informant Georgia Phillips

(b) Address 2219 Franklin

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-23-40
 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. J. ...

(b) Address 2734 ...

19. (a) APR 22 1940 (b) J. J. ...
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2601 N Whittier 2219 Franklin
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
 year 1940 hour 12:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 17, 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 Fibrinous Pleurisy 2 mos
Fibrinous Pericarditis 2 mos
 Due to non tubercular cause unknown
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 110

Major findings: Of operations _____
 Of autopsy Fibinous Pericarditis

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Lyman (M. D. or other) _____
 Address 2601 N Whittier 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, ~~only~~

Registered Apprentice No. _____

working under my personal supervision.

Signed

C. L. Farnell

Licensed Embalmer No. *2452*

P. O. Address *2820 Wilson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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