

Registration District No. 791

Primary Registration District No. 1003

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:  
St. John's 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 11/1/40

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4527 Washington Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th  
year 1940 hour 2:45 minute A.M. M.

21. I hereby certify that I attended the deceased from  
4/17/40, 19\_\_\_\_, to 4/26/40, 19\_\_\_\_;  
that I last saw him alive on 4/26/40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
1) Cholelithiasis  
2) Pancreatitis  
Due to \_\_\_\_\_  
Unknown as to stones

Duration

Prob  
2 wks

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 2

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no. 93C  
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? \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 4/27/40

3. (a) PRINT FULL NAME Captain Frank W. Phillips

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladys Phillips 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct. 17 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 10  
If less than one day hr. min.

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

10. Usual occupation River Pilot & Captain

11. Industry or business for self

12. Name Nathania Phillips

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

14. Maiden name Margenda Hall

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Phillips

(b) Address 4527 Washington Blvd.

17. (a) Removal (b) Date thereof 4-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville Illinois

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway

19. (a) APR 29 1940 (b) J.F. Phillips  
(Date received local registrar) (Registrar's signature)

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

3607 Washington De 1800

**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 Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address.....

**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.**