

Registration District No. Primary Registration District No. 1003

RECEIVED JUL 17 1940

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community 17 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1801a Newstead
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Phillip Myles 420

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491166683

4. Sex Male 5. Color of race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florida Myles 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct 15 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Clayborne Co. Missol.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Molders Helper

12. Name David Myles

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

14. Maiden name unavailable

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

16. (a) Informant Florida Myles

(b) Address 1801a N. Newstead

17. (a) Burial (b) Date thereof 6/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Charles Gates

(b) Address 4107 Finney Ave

19. (a) June 3 1940 (b) J. K. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30
year 1940 hour 5 minute 23 P. M.

21. I hereby certify that I attended the deceased from 5-14- 19 40 to 5-30- 19 40
that I last saw him alive on 5-30- 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Lung About 1 year

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy As above

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. Symon (M. D. or other) 5-30-1940
Address 2601 N. Whittier St. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.