No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36973

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9246

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington NR
(If outside city or town limits, write "RURAL")

(d) Street No. 530 West Front Street.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry Wallace Phillips

3. (b) If veteran, name war None

3. (c) Social Security No. 702-14-4464

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie Gardner Phillips

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 8, 1884 (Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Section Forman

11. Industry or business Missouri Pacific Rail-road.

FATHER
12. Name Zachary Phillips
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Margaret Alkir
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Annie Gardner Phillips

(b) Address Washington Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/10/40 (Month) (Day) (Year)

(c) Place: burial or cremation Villa Ridge Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.,

19. (a) NOV 11 1940 (Date received local registrar) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 40 hour 3 minute 35 A M.

21. I hereby certify that I attended the deceased from 11-5, 1940, to 11-10, 1940; that I last saw him alive on 11-10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertensive Cardio-vascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A.M. Boyd per K.E. Wilcox (M. D. or other) M.D.

Address Mo Pac Hosp Date signed 11-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Stoppe

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.