

STANDARD CERTIFICATE OF DEATH

State File No. **19996**
Registrar's No. **4808**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Evan Phillips

3. (b) If veteran, name war No 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 Mamie Smith Phillips 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May 19 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired Switchman

11. Industry or business
12. Name Andrew Phillips
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Smith
(b) Address 1402 Ferry St.

17. (a) Burial (b) Date thereof 6 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem.

18. (a) Signature of funeral director Stroot-Carroll Und.
(b) Address 4600 Natural Bridge Ave.

19. (a) May 10 1941 (b) J. Bredeck
(Date local of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GOO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 Ferry St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7, year 1941 hour 10:40 minute A. M.
21. I hereby certify that I attended the deceased from May 25, 1941, to June 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 wks
Hypertension year
Syphilis year
Other conditions organic psychosis
(Include pregnancy within months of death)

PHYSICIAN
Major findings: Of operations J
Of autopsy J
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 Walter Ford (M. D. or other) 0
Address 1515 Lafayette Avenue Date signed 6/9/41

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

0
7
9

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.....

Frank H. Street

Licensed Embalmer No. 2265

P. O. Address 4600 9th Bridge on

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, fact should be so stated above.