

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4570a Fair Avenue
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(d) Street No. 4570a Fair Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME HARRY F. Phillips
(b) If veteran, name war None
(c) Social Security No. 492-01-2488

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 13 year 1943 hour 5 minute 0 P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret D. (Dare)
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 14, 1887

21. I hereby certify that I attended the deceased from 5.7.43 to 8-13-43 that I last saw him alive on 8-13-43 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 0 Days 30

Immediate cause of death: Nephrosclerosis
Due to: Hypertension
Due to: Cortes Sclerotica

9. Birthplace Indianapolis Ind
10. Usual occupation Signal Operator

Other conditions: 131
Major findings: Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name George F. Phillips
13. Birthplace Tenn.
14. Maiden name Mary Jane Mayfield
15. Birthplace Tenn.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Margaret Phillips
(b) Address 4570a Fair Avenue
17. (a) Burial (b) Date thereof 8/16/43
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) AUG 15 1943 (b) J. F. [Signature]

23. Signature G. A. Melliss (M. D. Brother)
Address 2739 N. Grand Date signed 8/14/43

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 Welford G Burnley

Licensed Embalmer No. 4202

P. O. Address St. Louis Mo

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.