

FILED DEC 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10682

1. PLACE OF DEATH:

(a) County St. Louis, mo
(b) City or town St. Louis, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2221 Cass, St. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2221 Cass, St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HARION. PINK Phillips

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Estev Phillips 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct 21 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Helena Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business.....

MOTHER FATHER { 12. Name Harion P. Phillips
13. Birthplace Ark 1
(City, town, or county) (State or foreign country)
14. Maiden name Kate Johnson
15. Birthplace Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Estev Phillips
(b) Address 2221 Cass, St.

17. (a) Burial (b) Date thereof Dec 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Likeston, mo

18. (a) Signature of funeral director English Ind. Co

(b) Address 2931 Sikes, ave

19. (a) DEC 6 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-21
1943 to 12-2-43, 1943
that I last saw him alive on 12-2-43
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic
Due to coronary atherosclerosis 2 mos

Due to.....
Other conditions (Include pregnancy within 3 months of death) 9-10

Major findings: Of operations.....
Of autopsy no

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 J. T. Edinger, M.D. (M. D. or other) no
Address 1936 1/2 Franklin Date signed 12-4-43

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.