

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

33714  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29715  
State File No. \_\_\_\_\_  
8399  
Registrar's No. \_\_\_\_\_

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(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: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Melvin Phillips  
3. (b) If veteran, name war World War I 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Garmie Phillips 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 22, 1892  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Machinest

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mathew K. Phillips  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Powers  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Garmie Phillips  
(b) Address 1820 Menard St.

17. (a) Removal Motor (b) Date thereof 10/3/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) OCT 2 1944 J. Z. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1820 Menard St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 1st  
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9/30/44  
\_\_\_\_\_ 19 \_\_\_\_\_ to Oct. 1st 19 44  
that I last saw him alive on Oct. 1st 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis of brain

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Same

Duration \_\_\_\_\_  
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?

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 10/2/44

**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.....

*Harry Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**