V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39705

FILED JAN 5 1945 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 11024

1. PLACE OF DEATH:

(a) County .....

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

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

(d) Length of stay: In hospital or institution ..... 0 (Specify whether
In this community Over 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 (Dec 19)

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4339 Olive Street
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME William Wallace Phillips

3. (b) If veteran, name war .....

3. (c) Social Security No. 497-10-9231

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Christina

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

7. Birth date of deceased Nov (Month) 15 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	7	..... hr. ..... min.

9. Birthplace Nova Ohio (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Printing Publisher

11. Industry or business Philrite Office Supplies

FATHER
12. Name John W. Phillips
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name May Motter
15. Birthplace ..... (City, town, or county) Penna (State or foreign country)

16. (a) Informant Christina Phillips
(b) Address 4339 Olive Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Shumpe - Kron Funeral Home Ins.
(b) Address 4911 Washington Blvd.

19. (a) DEC 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1944 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from December 20, 1944, to December 22, 1944; that I last saw him alive on December 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to .....

Due to .....

Other conditions Chronic Myocarditis and Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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? —
(Specify type of place)

While at work? (e) Means of injury —

23. Signature [signature] (M. D. or other) MD

Address 812 Olive Street Date signed 12/23/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Rudolman
812 Olive St.
St. Louis, Mo
Ch 9261

Hrs
11 to 3
A.M. P.M.

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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 2472

P. O. Address 4911 Washington Blvd.

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.