. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39640

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10638

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 4051 Enright
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Taft Phillips

3. (b) If veteran, name war

3. (c) Social Security No. 72-18-1435

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Lucille Phillips

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Aug. (Month) 30 (Day) 1908 (Year)

8. AGE: Years 37 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Emmett (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name Bob Phillips
13. Birthplace Emmett (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Mary Freeman
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Lucille Phillips
(b) Address 4051 Enright Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 8 45 (Month) (Day) (Year)
(c) Place: burial or cremation Emmett, Ark.

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2762 Lime Street

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

DEC 7 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1945 hour 4 minute 40 P M.

21. I hereby certify that I attended the deceased from October 18, 1945, to December 4, 1945;
that I last saw him alive on December 4, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Massive Subarachnoid Hemorrhage	6 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 B. H. Phillips (M. D.)
Address 2601 N Whittier St Date signed 12-6-45

(Licensed Embalmer's Statement on Reverse Side)

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 Joel Russell

Licensed Embalmer No. 4112

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.