

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25612
6386

State File No.
Registrar's No.

FILED JUL 26 1946
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips
(d) Length of stay: In hospital or institution 2 mos; 20 days
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 17
(c) City or town St Louis
(d) Street No. 2735 Delmar
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Julia Phillips
(b) If veteran, name war
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17
year 1946 hour 6 minute 15 P.M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
7. Birth date of deceased Aug. 6, 1884

21. I hereby certify that I attended the deceased from April 27, 1946 to July 17, 1946
that I last saw her alive on July 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Cerebral Apoplexy
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

8. AGE: Years 62 Months 11 Days 10
9. Birthplace Columbus, Miss.
10. Usual occupation Unemployed
11. Industry or business
12. Name George Nelson
13. Birthplace Columbus, Miss.
14. Maiden name Unk.
15. Birthplace Unk.
16. (a) Informant Ceaser Phillips
(b) Address 2735 Delmar Blvd.
17. (a) Burial (b) Date thereof 5-20-46
(c) Place: burial or cremation GreenWood, Cemetary
18. (a) Signature of funeral director Dement and Son
(b) Address 2629-31 Cola St.
19. (a) JUL 19 1946 (b) J. F. Brudeck

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. L. Lemon (M. D. 0)
Address 2601 N. White Date signed 7/18/46

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..... *W. B. Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *4575 Aldine*

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.