

No. 2
1-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28231

State File No. _____

Registrar's No. 1725

FILED SEP 3 1946

Registration District No. 217

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(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

3. (a) PRINT FULL NAME Phillips, Irl A.

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-05-8269

4. Sex Male 5. Color or race White

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 _____ years

7. Birth date of deceased May 15 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	3	4	hr. _____ min.

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

10. Usual occupation Safety Engineer

11. Industry or business National Lead Co.

MOTHER FATHER

12. Name Stone Phillips

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

14. Maiden name Susan Camrle

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

16. (a) Informant Mrs. Lucille Phillips

(b) Address 4724 Goethe

17. (a) Burial (b) Date thereof 8/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New S. S. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand

19. (a) 8-20-46 (b) E. H. McSarran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4724 Goethe
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1946 hour 4:00 minute 20 a.m.

21. I hereby certify that I attended the deceased from August 12
1946 to August 18 1946;
that I last saw him alive on August 18 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion, right.

Due to thrombus.

Due to _____

Other conditions Surgical repair right inguinal
(Include pregnancy within 3 months of death) hernia, 8-13-46

Major findings: Hernial sac, small. Post-operative course uneventful. Fatal attack matter of a few minutes.

Of autopsy See above.

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 Claims hernia followed strain
on 7-18-46

(c) Where did injury occur? St. Louis, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Titanium Pigment Company
While at work? Yes (Specify type of place)
(e) Means of injury _____

3. Signature E. C. [unclear] (M. D. or other) _____

Address 4101 Laclede, St. Louis Date signed 8-19-46

OCT 3 1948

SEP 3 1946

OCT 4 1946

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..... *J. Wm Bentley*

Licensed Embalmer No..... *3653*

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.