

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8758**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2yrs. 5mos. 17ds.**
In this community **7 yrs.**
(Specify whether years, months or days)

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. **5400 Arsenal St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **AUSTIN PHILLIPS**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Sep.**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **April 3 1882**
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Oil Driller**

11. Industry or business _____

12. Name **Benjamin Phillips**

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

14. Maiden name **Esther Johnston**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **J. Dingler**

(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **10-13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crocker, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **OCT 11 1946** (b) **J. J. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **10** year **1946** hour **4.29** minute **P** M.
21. I hereby certify that I attended the deceased from **1** 19 **46** to **Oct. 10** 19 **46**
1m **Oct. 10**
that I last saw him **alive** on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Arteriosclerosis** Duration **1944x**

Due to _____
Due to **97**

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 **1**

23. Signature **J. Schlenker** (M. D. or other) _____
Address **5400 Arsenal St.** Date signed **10/11/46**

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

MOTHER FATHER

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. W. Wilkinson

Licensed Embalmer No. *3575*

P. O. Address.....

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.