S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26274

Registration District No. 3/7

Primary Registration District No. 3066

Registrar's No. 1563

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

1. PLACE OF DEATH:
(a) County SAINT LOUIS:
(b) City or town KIRKWOOD:
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RESIDENCE: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI: (b) County SAINT LOUIS: 96
(c) City or town KIRKWOOD: 4
(If outside city or town limits, write "RURAL")
(d) Street No. # 37 HILL DRIVE. 3
(If rural, give location) 0
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME THOMAS LEWIS PHILIPS
3. (b) If veteran, name war NO.
3. (c) Social Security No. NONE.
4. Sex MALE C
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED /
6. (b) Name of husband or wife MARY JOHNS PHILIPS.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased AUGUST (Month) 13 (Day) 1876 (Year)

8. AGE: Years 70 Months 11 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) ILLINOIS. / (State or foreign country)
10. Usual occupation RETIRED - ATTORNEY
11. Industry or business .....

FATHER
12. Name JOSEPH P. PHILIPS
13. Birthplace CHESTER COUNTY (City, town, or county) PENN. / (State or foreign country)

MOTHER
14. Maiden name CLARA OLNEY
15. Birthplace BELVIEDER (City, town, or county) ILLINOIS / (State or foreign country)

16. (a) Informant H. FULLERTON WILLHITE
(b) Address # 35 HILL DRIVE - KIRKWOOD, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY 22/47 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRFIELD, ILLINOIS.
18. (a) Signature of funeral director C. R. LUPTON & SONS.
(b) Address 7233 DELMAR BLV'D.
19. (a) 7-22-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1947 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from Nov 30, 1939, to July 20, 1947, that I last saw him alive on July 20, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~No 820~~ Cerebral Hemmorrhage	1 day
Due to ~~No 47~~ Arteriosclerosis	6 years
Due to [signature]	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0

23. Signature R D Furlong (M. D. or other) MD
Address 7161 Delmar Blvd Date signed July 21, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Furlong
7161 Delmar Blvd.

AUG 15 1950

JUN 17 1950

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.