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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10564

FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2661

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5723 Devonshire Ave. 9
(If rural, give location)

(e) Citizen 14 of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles W. Phillips

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ada E.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 20 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	6	16	hr. min.

9. Birthplace East St. Louis, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Projectionest

11. Industry or business

FATHER
12. Name George Phillips
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Jane Mayfield
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Ada E. Phillips
(b) Address 5723 Devonshire Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.

19. (a) MAR 17 1948 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1948 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from 2-27 1948, to 3-16 1948;
that I last saw h~~ame~~ alive on 3-16-48, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liquid with general metastases	6 mo.
Due to: Intestinal obstruction	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations as above —	
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 Eugene J. O'Malley (M. D. ~~or other~~)

Address 6347 Grand Date signed 3/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1948

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.