#80430

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 31345

Registrar's No. 8584

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

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

(d) Street No. 228a Sidney St. (If rural, give location)

Memorial 23

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

If yes, name country

3. (a) PRINT FULL NAME JAMES 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 Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased August 29, 1870 (Month) (Day) (Year)

8. AGE: Years 78 | Months 1 | Days 2 | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Phillips
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Hickman
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rebecca Duncan

(b) Address 228a Sidney St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Missouri

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) OCT 1 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st year 1948 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from 9/19/48, 19, to Oct. 1st, 1948; that I last saw him alive on Oct. 1st, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Shock (circulatory failure)

Due to Heart disease

Due to Arteriosclerosis

Other conditions Carcinoma of Rectum (Include pregnancy within 3 months of death)

Major findings: Of operations - as above

Of autopsy

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

(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? 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. J. McDonald (M.D. or other)

Address 1515 Lafayette Date signed 10/1/48

(Licensed Embalmer's Statement on Reverse Side)

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 James R Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.