

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14472

State File No. 10

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>10</u>				
1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kinloch</u>		c. LENGTH OF STAY (In this place) <u>9/3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kinloch</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oakridge Ave</u>				d. STREET ADDRESS (If rural, give location) <u>Oakridge Ave</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) _____		c. (Last) <u>Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8 Jan 1883</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>		11. BIRTHPLACE (State or foreign country) <u>Palestine, Texas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Phillips</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>400.01 8782</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace Phillips</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Influenza 40x</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>18 days</u> <u>4 yrs -</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____						
22. I hereby certify that I attended the deceased from <u>3-6</u> , 1949, to <u>3-20</u> , 1949, that I last saw the deceased alive on <u>3-19</u> , 1949, and that death occurred at <u>4<sup>00</sup> A. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>M. H. Johnson M.D.</u> (Degree or title)				23b. ADDRESS <u>Ferguson Mo</u>				23c. DATE SIGNED <u>3/21/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem.</u>		24d. LOCATION (City, town, or county) <u>St. Louis County</u>		(State) _____		
DATE REC'D BY LOCAL REG. <u>3-23-49</u>		REGISTRAR'S SIGNATURE <u>Thurlock Lunge M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros. Lix &amp; Stange - Kinloch</u>					

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

96  
0  
2

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *Edward A Flynn* .....

Signed.....

Student Embalmer

Licensed Embalmer No. *4444*

P. O. Address *4548<sup>a</sup> Page*

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.

*Lewis 7664*