

No. 300
10-48

FILED AUG 2 1949
Emile

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25529**

BIRTH NO. **39071-49** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **1534**

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD 7V	
c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) 2428 RIVER DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) STEPHEN c. (Last) PHILLIPS	4. DATE OF DEATH (Month) (Day) (Year) 6 25 '49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH 5-17-1949	9. AGE (In years last birthday) 1 MONTH 8 DAYS	IF UNDER 1 YEAR Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST LOUIS Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ROBERT B PHILLIPS	13b. MOTHER'S MAIDEN NAME MARY LOUISE AVES	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Robert B. Phillips	ADDRESS Kirkwood Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 wks?
	i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) subarachnoid hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paroxysmal tachycardia		7600	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **June 19 1949**, to **June 25 1949**, that I last saw the deceased alive on **June 25 1949**, and that death occurred at **11:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Calvin R. Hammit M.D.	23b. ADDRESS 1242 Mo. Theater Bldg St. L.	23c. DATE SIGNED 6/26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-28-49	24c. NAME OF CEMETERY OR CREMATORY OAK HILL	24d. LOCATION (City, town, or county) (State) KIRKWOOD Mo
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DATE REC'D BY LOCAL REG. 6-28-49	REGISTRAR'S SIGNATURE Herbert R. Donkemo	25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG Foni	ADDRESS Thos. W. Ooster Groves Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
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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 _____

not embalmed

Signed _____
Student Embalmer

Licensed Embalmer No. _____

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.