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FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35051

State File No. 85599

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 year</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters of the Poor</b>	
e. STREET ADDRESS (If rural, give location) <b>3225 N. Florissant Ave.</b>		3. NAME OF DECEASED a. (First) <b>Philip</b> (Type or Print)	
b. (Last) <b>P. Day</b>		c. (Last) <b>Day</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>October 18, 1949</b>		5. SEX <b>male</b>	
6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	
8. DATE OF BIRTH <b>October 18, 1878</b>		9. AGE (In years last birthday) <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Kane, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Issac Day</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Brown</b>	
14. NAME OF HUSBAND OR WIFE <b>Myrtle M. Day</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. George M. Day</b> ADDRESS <b>5500a Robin Ave.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b> DUE TO (c) <b>None</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>  INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>9306</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Nine</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4922</b>		22. I hereby certify that I attended the deceased from <b>Sept 17, 1949</b> , to <b>Oct 18, 1949</b> , that I last saw the deceased alive on <b>Oct 16, 1949</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Demard H. Kottke, M.D.</b>		23b. ADDRESS <b>2425 N. Grand Blvd</b>	
23c. DATE SIGNED <b>10-19-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10-21-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kane Cemetery (via motor)</b>	
24d. LOCATION (City, town, or county) (State) <b>Kane, Illinois.</b>		DATE REC'D BY LOCAL REG. <b>OCT 19 1949</b>	
REGISTRAR'S SIGNATURE <b>J. B. Lanster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b> ADDRESS <b>2161 E. Fair Ave.</b>	

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

**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.

Student .....  
Student Embalmer

Signed Herbert G. Bunley  
Licensed Embalmer No. 4302  
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.