

FILED DEC. 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39160

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10321

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3029 a Lawton</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle)	c. (Last) <u>Phillip</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>July 10, -1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Richard Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Louis</u>		14. NAME OF HUSBAND OR WIFE <u>Hopkins Not known (Neice, Lottie)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Unk</u>	16. SOCIAL SECURITY NO. <u>Unk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Rhodes, 2601 N Whittier St</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> <u>"</u>
19a. DATE OF OPERATION <u>No</u>	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>83</u>			
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? <u>332X</u>			
22. I hereby certify that I attended the deceased from <u>10-12</u> , 19 <u>49</u> , to <u>11-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-18</u> , 19 <u>49</u> , and that death occurred at <u>8:40a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Misses J. Sedrick</u> (Degree or title) <u>D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>11-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>NOV 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>Mortuary Service Inc. St. Louis 10, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 30 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL HOME'S SIGNATURE ADDRESS <u>Rowling Ave. 4104 Manchester Ave. St. Louis 10, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

UNFADING BLACK INK - MAKE A PERMANENT RECORD - 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.....

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.