

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

38921

State File No. 9803

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 Illinois b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Belleville, Illinois 8120		d. STREET ADDRESS (If rural, give location) 5800 W. Lynch Street 8
d. FULL NAME OF HOSPITAL OR INSTITUTION Parklane Hospital.					
3. NAME OF DECEASED (Type or Print) a. (First) Gerald b. (Middle) c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1950		
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-11-1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Greener	10b. KIND OF BUSINESS OR INDUSTRY own business	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W Phillips		13b. MOTHER'S MAIDEN NAME Nancy E Hambleman		14. NAME OF HUSBAND OR WIFE Mrs. Mary J. Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary J Phillips Belleville Mo			
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 DIRECTLY LEADING TO DEATH* (a) Acute dilatation of the heart.		
			INTERVAL BETWEEN ONSET AND DEATH		
			ANTECEDENT CAUSES DUE TO (b) Myocarditis. DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No surgery.		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR? H22.2			
22. I hereby certify that I attended the deceased from Nov. 13, 1950, to Nov. 17, 1950, that I last saw the deceased alive on Nov. 17, 1950, and that death occurred at 9:50a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dora J. Smith M.D.			23b. ADDRESS 4930 Lindell Blvd. Saint Louis, Missouri		23c. DATE SIGNED 11-17-50.
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-22-50	24c. NAME OF CEMETERY OR CREMATORY Valhalla	24d. LOCATION (City, town, or county) (State) Belleville Ill		
DATE REC'D BY LOCAL REG. NOV 18 1950	REGISTRAR'S SIGNATURE J B Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. St. Louis 10, Mo.		

(Licensed Embalmer's Statement on Reverse 6124) Manchester Ave.

St. Louis 10, Mo.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

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.