

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

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 39577  
Registrar's No. 10231

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10231</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		<b>2129</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5148 ENRIGHT AVE</b>				e. STREET ADDRESS (If rural, give location) <b>5148 ENRIGHT AVE</b>			
3. NAME OF DECEASED (Type or Print) <b>COURTNEY TILLMAN PHILLIPS SR</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>11-15-57</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 10-1881</b>		9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R. SWISCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>MATHEW PHILLIPS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY POWERS</b>		14. NAME OF HUSBAND OR WIFE <b>EMMA</b>			
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 ADDRESS <b>Courtney T. Phillips Jr. 7220 Harney</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Inequality with cerebral hemorrhage</b> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>425 ft</b>			
22. I hereby certify that I attended the deceased from <b>Nov 10, 1957</b> , to <b>Nov 15, 1957</b> that I last saw the deceased alive on <b>Nov 04, 1957</b> , and that death occurred at <b>10 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. J. [Signature]</b> (Degree or title)				23b. ADDRESS <b>5022 [Address]</b>		23c. DATE SIGNED <b>Nov 16/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>11/17/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETARY</b>		24d. LOCATION (City, town, or county) (State) <b>POPLAR BLUFF, MO</b>		
DATE REC'D BY LOCAL REG. <b>NOV 16 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. MULLEN UND. CO 5165 DELMAR</b>			

1897  
5022 Page 2 B.A.

1897  
5022 Page 2 B.A.

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 \_\_\_\_\_

*John J. Helter*

Licensed Embalmer No. 3880

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.

*Larry Mullen*