

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22504**  
Registrar's No. **5981**

**FILED** JUL 9 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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 township) OR TOWN <b>SAINT LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>SAINT LOUIS</b> <b>2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HONOR G. PHILLIPS</b>		d. STREET ADDRESS (If rural, give location) <b>21 1911<sup>a</sup> FRANKLIN</b>	
3. NAME OF DECEASED a. (First) <b>HOWARD G. PHILLIPS</b> (Type or Print) <b>EWING</b>		b. (Middle) <b>ROBERT</b> c. (Last)	
4. DATE OF DEATH <b>JUNE 11, 1952</b>		5. SEX <b>MALE</b> 6. COLOR OR RACE <b>NEGRO</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>YES - MARRIED</b>		8. DATE OF BIRTH <b>JUNE 8 1928</b>	
9. AGE (In years last birthday) <b>24</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>DECATUR, ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>UNKNOWN</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>ROSE LEE HORTER</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 <b>MR. ROBERT LEE HAMILTON 1613<sup>3</sup> ORANGE ST.</b>		ADDRESS	
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 <b>Pulmonary Embolism</b> <b>Pulmonary infection; Fe</b> <b>due to fever, suffered when</b> <b>deceased in apartment in door</b> <b>due to at 611 Locust St. about</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>7:30 am May 25 1952. Cause</b> <b>and manner of same</b> <b>could not be determined</b> <b>open verdict</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT OR SUICIDE (Specify) <b>Verdict</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis</b>		20d. (COUNTY) <b>St. Louis</b>	
20e. (STATE) <b>Mo.</b>		20f. HOW DID INJURY OCCUR <b>E9049</b>	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <b>45</b>			
23a. SIGNATURE <b>Patrick H. Payton, M.D.</b> (Degree or title)		23b. ADDRESS <b>1300<sup>th</sup> Clark</b>	
23c. DATE SIGNED <b>6/21/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>10</b>	
24b. DATE <b>6-30-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Boare</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Ser. 4104/Manchester</b>	
DATE REC'D BY LOCAL REG. <b>JUN 26 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <b>m83</b>	

**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 C. Crooms

Licensed Embalmer No. 4755

P. O. Address 1221 N. York

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.