

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36745

State File No.

FILED NOV 13 1952

318

1003

Registrar's No. 9899

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|---|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 9899 | | |
| 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 OR TOWN <u>St. Louis</u>) | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>2219</u> OR TOWN <u>St. Louis</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>27</u> <u>2006</u> <u>Division Street</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u> | | b. (Middle) _____ | | c. (Last) <u>Phillips</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27</u> <u>1952</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>May 21, 1893</u> | | |
| 9. AGE (In years last birthday) <u>59</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 12 HRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman-Warehouse</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lithonia, Georgia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Elias Phillips</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Adelaine Phillips</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Phillips</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elias A. Phillips 310 Madison St. Buffalo, N.Y.</u> | | | |
| 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) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) Hypertension</u> <u>cat & 10 vascul 127 disease</u> 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 <u>10-19-52</u> <u>2 yrs.</u> | |
| 19a. DATE OF OPERATION _____ | | 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) _____ | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>443x</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>10-19-52</u> , 1952, to <u>10-27</u> , 1952, that I last saw the deceased alive on <u>10-27</u> , 1952, and that death occurred at <u>7 A</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. Sheppard, M.D.</u> | | | | 23b. ADDRESS <u>2702 Franklin</u> | | 23c. DATE SIGNED <u>10-27-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>11-1-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lithonia, Georgia</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lithonia, Georgia</u> | | |
| DATE REC'D BY LOCAL REG. <u>OCT 28 1952</u> | | REGISTRAR'S SIGNATURE <u>Charles Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMent & Son 2629-31 Cole St.</u> | | | | |

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

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.