S. No. 300
v. 10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 12155

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2142

0

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2219
d. STREET ADDRESS (If rural, give location) 2121 Cole St.

**3. NAME OF DECEASED** (Type or Print) a. (First) Odell b. (Middle) c. (Last) Phillips

**4. DATE OF DEATH** (Month) 2 (Day) 19 (Year) 53

**5. SEX** M
**6. COLOR OR RACE** Col.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Divorced 3
**8. DATE OF BIRTH** 2-12-1903
**9. AGE** (In years last birthday) 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Waiter
**10b. KIND OF BUSINESS OR INDUSTRY** —
**11. BIRTHPLACE** (City and State or Foreign Country) Lonoke Ark
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Edmond Phillips
**13b. MOTHER'S MAIDEN NAME** Mary Franklin
**14. NAME OF HUSBAND OR WIFE**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** Robert Phillips 2121a Cole St. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Collapse of right

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) lung catelectosis
DUE TO (c) Contrib. Mucous

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Plugin bronchi

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☒ NO ☐

**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 WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 5272

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 7:20 p. m., from the causes and on the date stated above.*

**23a. SIGNATURE** Patrick E. Taylor, Coroner (Degree or title)
**23b. ADDRESS** 300 Clark Av.
**23c. DATE SIGNED** 2/25/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 2-26-53
**24c. NAME OF CEMETERY OR CREMATORY** Booker Washington
**24d. LOCATION** (City, town, or county) East St Louis (State) Ill.

**DATE REC'D BY LOCAL REG.** FEB 25 1953
**REGISTRAR'S SIGNATURE** J Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** Gus Lowe
**ADDRESS** 2930 Dickson St

MJB (Licensed Embalmer's Statement on Reverse Side)

## 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 Arthur L. Hellbard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.