

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34397

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 83

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - MERAMEC		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 6 YRS. 8 DAYS		d. STREET ADDRESS (If rural, give location) 2224 NEBRASKA AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) F. c. (Last) Philbin	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 10, 1954
---	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPT. 7, 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 1	IF UNDER 12 HRS. Days 3	IF UNDER 1 MIN. Hours _____
-----------------	---------------------------	---	--	--	------------------------------------	-----------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - LABORER - City of St. Louis	10b. KIND OF BUSINESS OR INDUSTRY IRELAND	11. BIRTHPLACE (State or foreign country) IRELAND	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	---	---

13a. FATHER'S NAME MYLES PHILBIN	13b. MOTHER'S MAIDEN NAME CATHERINE HUGHES	14. NAME OF HUSBAND OR WIFE SINGLE
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Geo. Kelly, 012 St. Joseph's Hill	ADDRESS EUREKA - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE 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 4201	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
---	--	---------------------------

22. I hereby certify that I attended the deceased from **10/2, 1948**, to **10/10, 1954**, that I last saw the deceased alive on **10/10, 1954**, and that death occurred at **8:58 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Declarer title)	23b. ADDRESS 1223 CALAND DRIVE NORMANBY MO.	23c. DATE SIGNED 10/10/54
--------------------------------------	------------------	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT-15-54	24c. NAME OF CEMETERY OR CREMATORY CALVARY Cem.	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 10/16/54	REGISTRAR'S SIGNATURE [Signature]	438-0	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 4386 Lindell
---	---	-------	--	--------------------------------

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 19 1964

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4966

P. O. Address St. Louis

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.