

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20319**  
Registrar's No. **4854**

FILED JUN 20 1955

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>20319</b>		Registrar's No. <b>4854</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 OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Phillips Hosp</b>				STREET ADDRESS (If rural, give location) <b>4016 Taylor 2116</b>											
3. NAME OF DECEASED (Type or Print) <b>Ida</b>			a. (First) <b>Ida</b>			b. (Middle) <b>Phillips</b>			c. (Last) <b>Phillips</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 1 1955</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>never married</b>		8. DATE OF BIRTH <b>15 Aug 1902</b>		9. AGE (in years last birthday) <b>52</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day work</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Day work</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Spencer Mo</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Mr Knowl</b>				13b. MOTHER'S MAIDEN NAME <b>Mr Knowl</b>				14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give year or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>MA</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James D. Hale</b> ADDRESS <b>4016 Taylor</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Intestinal Obstruction</b> ANTECEDENT CAUSES DUE TO (b) <b>Cancer: - Encarcerated</b> DUE TO (c) <b>umbilical hernia</b> 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 checked="" 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>5612</b>											
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 <b>145A m.</b> , from the causes and on the date stated above.															
23a. SIGNATURE <b>Patrick J. Taylor Casner</b>				23b. ADDRESS <b>1300 Clark</b>				23c. DATE SIGNED <b>6.3.55.</b>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removed</b>		24b. DATE <b>4/2/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Louis Co Mo</b>		24d. LOCATION (City, town, or county) _____ (State) _____									
DATE REC'D BY LOCAL REG. <b>JUN 3 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. Reluella</b> ADDRESS <b>1221 No Taylor</b>									

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

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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.....  
Signature of Student Embalmer

Signed *Paul V. Freeman*

Licensed Embalmer No. *4686*  
P. O. Address *4729 Hemme*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.