

FILED AUG 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 24211

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5539	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (length of stay) 55 years		c. CITY OR TOWN Saint Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Johns Hospital				e. STREET ADDRESS (If rural, give location) 4438a Kossuth Avenue, 15^{210/0}			
3. NAME OF DECEASED (Type or Print)		a. (First) FRED		b. (Middle) LESTER		c. (Last) PHILLIPS	
4. DATE OF DEATH		(Month) June		(Day) 24th		(Year) 1955.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 8th, 1901	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR 0		IF UNDER 1 YEAR 0		IF UNDER 1 YEAR 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		10b. KIND OF BUSINESS OR INDUSTRY Natkin & Co.		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Randolph Phillips			13b. MOTHER'S MAIDEN NAME Goldie Greenfield			14. NAME OF HUSBAND OR WIFE Irene E. Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Irene E. Phillips, 4438a Kossuth Avenue, 15			
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 days	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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 _____				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 331X			
22. I hereby certify that I attended the deceased from 6/21, 1955 to 6/24, 1955 , that I last saw the deceased alive on 6-24, 1955 , and that death occurred at 7:01 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. J. Murphy				23b. ADDRESS M. D. 4143^{1/2} N. Newstead		23c. DATE SIGNED 6/25/55	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		24b. DATE 6/28/55		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gds.		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JUN 27 1955		REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL HOME, INC., 4028 Natural Bridge Blvd., St. Louis, 15, Mo.		FUNERAL DIRECTOR'S SIGNATURE ALVIN F. FEUTZ	

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

(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
Signature of Student Embalmer

Signed *John A. Minner*

Licensed Embalmer No., *415*

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