

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22260

FILED JUL 5 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1469

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>2 hrs</u>	c. CITY OR TOWN <u>St. Louis</u>		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 <u>St. Louis County Hosp</u>			e. STREET ADDRESS (If rural, give location) <u>6 4755 Hammett Pl 2069</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) _____ c. (Last) <u>Phipps</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 15 56</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>Aug 19, 1919</u>	9. AGE (In years) <u>36</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Plumber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Excavating Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greensboro, N.C.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Larry Phipps</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tom</u>		13c. NAME OF HUSBAND OR WIFE <u>Beatrice Phipps</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes -unk-</u>		16. SOCIAL SECURITY NO. <u>239-18-7586</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Beatrice Phipps, 4955 Hammett Pl</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, ashenia, 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) <u>HEMORRHAGE LACERATED RT. LIAC ARTERY</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>2 hrs</u>
*Due to (b) <u>FRACTURE RT. FEMUR & PELVIS</u>					<u>2 hrs</u>
*Due to (c) <u>RUPTURED URINARY BLADDER</u>					<u>2 hrs</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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u> (COUNTY) <u>Mo.</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY <u>June 15, 1956 10^{am}</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>lost control of wheel yell out of cab door</u>			
22. I hereby certify that I attended the deceased from <u>6-15, 1956</u> to <u>6-15, 1956</u> that I last saw the deceased alive on <u>6-15, 1956</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert E. ...</u>			23b. ADDRESS <u>6015 Brentwood</u>		23c. DATE SIGNED <u>6-16-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Greensboro, N.C.</u>		
DATE REC'D BY LOCAL REG. <u>6-16-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donohue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ammon ...</u>	
				ADDRESS <u>More, 2405 ...</u>	

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.....

Licensed Embalmer No. 447

P. O. Address 2405 Mar

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.