

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25196**
Registrar's No. **6033**

FILED JUL 25 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

REG. DIST. NO. **318**

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

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6033	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 5 w ks		c. CITY OR TOWN Maplewood		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 Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 7735 Jerome Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Irwin c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) June 25th 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 27th 1889	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Appli. Repair		11. BIRTHPLACE (City and State or Foreign Country) Charlestown, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Phillips		13b. MOTHER'S MAIDEN NAME Martha Sailors		14. NAME OF HUSBAND OR WIFE Pearl Phillips			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW#1 97-05-5057		17. INFORMANT'S SIGNATURE OR NAME Pearl Phillips		ADDRESS Above	
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) Carcinoma Bronchus 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. 16 3x				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION 10-1-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bronchus				20. AUTOPSY? YES <input 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?			
22. I hereby certify that I attended the deceased from 7-14 , 19 55 , to 6-25 , 19 56 , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles C. Peace MD				23b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.		23c. DATE SIGNED 6-25-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-26-56		24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery		24d. LOCATION (City, town, or county) (State) Charlestown, Mo.	
DATE REC'D BY LOCAL REG. JUN 26 1956		REGISTRAR'S SIGNATURE Jay B. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.			

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.....
H. H. Burgess

Licensed Embalmer No. *402*
P. O. Address *Maplewood*

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.