

FILED NOV 16 1956 STANDARD CERTIFICATE OF DEATH

State File No. **36037**
Registrar's No. **9220**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEWIS & CLARK DOA. Homer G. Ph.		STREET ADDRESS (If rural, give location) 1816 Cole	

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) c. (Last) Phillips		4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1956	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1881
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days Hours Mins. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Louisiana
		12. CITIZEN OF WHAT COUNTRY U. S. A.	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Maria Huter	14. NAME OF HUSBAND OR WIFE Roberta Phillips
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. 491-14-7129A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roberta Phillips 1816 Cole

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart 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 420.0	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) m.	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 **20/7** 19**56**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE James M. Keely Deputy Registrar	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10-9-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
DATE REC'D BY LOCAL REG. OCT 9 1956		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1221 N. Grand

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

088

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 *Marvin Blackless*

Licensed Embalmer No. 396

P. O. Address 1221 W. St.

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.