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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030849
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7877

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 706 No. Kingshighway — Length of stay in lb
01

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 706 No. Kingshighway — Reside on Farm Yes [ ] No [X]
2129

3. NAME OF DECEASED (Type or print) First Gustave Middle W. Last Philips
4. DATE OF DEATH Month August Day 13, Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2
8. DATE OF BIRTH April 12, 1871
9. AGE (In years on birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Clerical Work
10b. KIND OF BUSINESS OR INDUSTRY Ammunition Plant
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME August Philips
13b. MOTHER'S MAIDEN NAME Charlotte Nordseick
14. NAME OF HUSBAND OR WIFE Lenora
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-18-5271
17. INFORMANT Henry Philips, Address 706 N. Kingshighway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ch. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH Ch
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arthrosclerotic Heart Disease — Ch
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 16 1958, to Aug 12 1958 and last saw her/him alive on Aug 12 1958
Death occurred at 8:00 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 22b. ADDRESS 4768 Delmar Blvd 22c. DATE SIGNED 8/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-15-58
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG. AUG 13 '58
26. REGISTRAR'S SIGNATURE [signature] MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 B W Wilkinson

Licensed Embalmer No. 3573

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.