

FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011277
STATE FILE NUMBER
Registrar's 2573

Registration District No. _____ Primary Registration District No. _____ Registrar's 2573

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1-57
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| 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, give TOWNSHIP only) OR TOWN Saint Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Saint Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2824 Cass | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 2824 Cass Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Ernest Middle Last Phillips | | | 4. DATE OF DEATH Month March Day 11 Year 1959 | | |
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|-------------------------|---------------------------|--|--------------------------------------|------------------------------------|--------------------------------|--------------------------------|
| 5. SEX Male <u>2</u> | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 9, 1889 70 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 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 country) Jackson Tennessee | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE |
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| 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. 49-01-1114A | 17. INFORMANT Lucinda Thomas Address 2824 Cass |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, VIRAL | | INTERVAL BETWEEN ONSET AND DEATH 2 wks. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4 1/2 X DUE TO (c) | | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from Oct 1958 to 9 March 59 and last saw ^{her} him alive on 9 March 1959 Death occurred at 11 March 1959 6 A m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Eelmer C. Jackson M.D. (Degree or title) | 22b. ADDRESS 1926 ^a N. Grand | 22c. DATE SIGNED 3/12/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-17-1959 | 23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery | 23d. LOCATION (City, town, or county) (State) Saint Louis County |
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| 24. FUNERAL DIRECTOR McClain-Bannister | ADDRESS 4251 Washington | 25. DATE RECD. BY LOCAL REG. MAR 13 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. Mo |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Larry H. Bennett*

Licensed Embalmer No....4523.....
P. O. Address...4251 Washington.

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.