

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019517
STATE FILE NUMBER
2-4347
REGISTRATION DISTRICT NO. _____ PRIMARY REGISTRATION DISTRICT NO. _____ REGISTRATION DISTRICT'S NAME _____

FILED JUN 1 1959

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1 D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY _____
c. CITY OR TOWN St Louis
d. STREET ADDRESS 2800 N. Leffingwell

3. NAME OF DECEASED (Type or print) GRAHAM PHIPPS

4. DATE OF DEATH 4 28 59

5. SEX MALE
6. COLOR OR RACE C
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 2-15-1917
9. AGE (In years last birthday) 42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) self employed
10b. KIND OF BUSINESS OR INDUSTRY Truck Driver
11. BIRTHPLACE (City and state or country) Charlton Miss.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Austin Phipps
14. MOTHER'S MAIDEN NAME Bessie Kimber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO
16. SOCIAL SECURITY NO. _____
17. INFORMANT Jessie Mayson 4741 Northland

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Traumatic internal injuries.
DUPLICATE TO (b) Intracerebral hemorrhage, small
DUPLICATE TO (c) Fracture of Mandible
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT LISTED IN THE CAUSE OF DEATH GIVEN IN PART I (a) Chronic Alcoholism

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I for Part II only) suffered April 28 1959 in North St. Louis in vicinity of 4516 North Broadway. Cause of accident of same kind could not be determined.

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, factory, street, office bldg., etc.) 095
20f. CITY, TOWN, OR LOCATION 904.9 COUNTY 48 STATE _____

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 4/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-6-59
23c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery
23d. LOCATION (City, town, or county) (State) St Louis County MO

24. FUNERAL DIRECTOR ADR Richardson 2625 Glasgow
25. DATE RECD. BY LOCAL REG. MAY 4 1959
26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *AP Richardson*.....

Licensed Embalmer No. *29*

P. O. Address *Cit*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.