

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023283

STATE FILE NUMBER 5892
REGISTRAR'S NO.

JUL 2 1959 Registration District No. Primary Registration District No.

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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 St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. 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 Hamilton Nursing Home | | Length of stay in 1b Home | d. STREET ADDRESS 3401 Vista (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Elmer Lee Phillips | | | 4. DATE OF DEATH Month Day Year June 20 1959 | | |
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| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White <input checked="" type="checkbox"/> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov 17 1871 | 9. AGE (In years last birthday) 87 | 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) Telegrapher | 10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad | 11. BIRTHPLACE (City and state or country) Green Ridge Mo. <input checked="" type="checkbox"/> | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Elias Phillips | 13b. MOTHER'S MAIDEN NAME Mary Melvin | 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. — | 17. INFORMANT Edith Peistrup | Address 3401 Vista |
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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) <u>Cardiac failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arteriosclerotic heart disease</u> | |
| | DUE TO (c) <u>+20.0</u> | |
| 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 Month, Day, Year o.m. p.m. | |
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| 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 4-9-59 to 6-20-59 and last saw her alive on 6-6-59
Death occurred at 1:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>B.O. Fisher M.D.</u> (Degree or title) | 22b. ADDRESS Missouri Theatre Bldg | 22c. DATE SIGNED 6/22/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6/22/59 | 23c. NAME OF CEMETERY OR CREMATORY Green Ridge | 23d. LOCATION (City, town, or county) (State) Green Ridge Missouri |
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| 24. FUNERAL DIRECTOR E.J. Schnur | ADDRESS 3125 Lafayette | 25. DATE RECD. BY LOCAL REG. JUN 22 1959 | 26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u> |
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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 *Thomas R. Stenwick*

Licensed Embalmer No. *3793*
P. O. Address *3125 Lafayette*

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.