

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-003869

FILED VS FEB 14 1961

AMENDED ✓

Registration District No. 217 Primary Registration District No. 500 Registrar's No. 248 STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

|   |  |   |  |  |   |                          |
|---|--|---|--|--|---|--------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>   |  |   |                          |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Bellefontaine Neighbors</b>   |  | Length of stay in 1b<br><b>2yrs</b>   | c. CITY OR TOWN <b>Bellefontaine Neighbors</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>10125 Coburg Lands Dr.</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>10125 Coburg Lands Dr.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                          |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>MARVIN</b> Middle <b>EDGAR</b> Last <b>PHILLIPS</b>  |  |   | 4. DATE OF DEATH<br>Month <b>Jan</b> Day <b>24</b> Year <b>1961</b>  |  |   |                          |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8/19/1903</b>   | 9. AGE (last birthday)<br><b>57</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Set Up Man</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mftg.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Warrenton, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                          |
| 13a. FATHER'S NAME<br><b>Robert Phillips</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Emma Hengelage</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Louise C. Phillips</b>   |   |                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>*****</b>   |  | 17. INFORMANT<br>Address<br><b>Mrs. Louise C. Phillips 10125 Coburg La.</b>  |   |                          |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary artery thrombosis and carbon monoxide poisoning</b>   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |                          |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |  |   |  |  |   |                          |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |   |                          |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input checked="" 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.)<br><b>From exhaust while subject was in auto-</b> |  |   |                          |
| 20c. TIME OF INJURY<br><b>3:30</b>  | Hour Month, Day, Year<br><b>1/24/61</b>  |   | mobile which was in garage attached to home  |  |   |                          |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>car in garage</b>     |   | 20f. CITY, TOWN, OR LOCATION<br><b>Bellefontaine Neighbors</b>   | COUNTY<br><b>St. Louis</b>   |   | STATE<br><b>Missouri</b> |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |                          |
| 22a. SIGNATURE<br><i>Clayton M. ...</i><br>(Degree or title)<br><b>Coroner Clayton, Mo.</b>   |  |   | 22b. ADDRESS<br><b>Clayton, Mo.</b>  |  | 22c. DATE SIGNED<br><b>2/2/61</b>   |                          |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>1/27/1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |   |                          |
| 24. FUNERAL DIRECTOR<br><b>BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE.</b>  |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>1-25-61</b>   | 26. REGISTRAR'S SIGNATURE<br><i>John E. ...</i>  |   |                          |

**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 \_\_\_\_\_

Licensed Embalmer No. 4520  
P. O. Address J. J. Sams

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.