

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		Length of stay in 1b	c. CITY OR TOWN <u>ST. LOUIS</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. #1</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5830 ENRIGHT</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>WRIGHT</u> Last <u>PHILPOTT</u>			4. DATE OF DEATH Month <u>2</u> Day <u>25</u> Year <u>61</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIAGE STATUS Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 26, 1893</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembly Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WAGNER ELECTRIC CO</u>	11. BIRTHPLACE (City and state or country) <u>SALISBURG, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN B. PHILPOTT</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET A. BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE S. PHILPOTT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>			17. INFORMANT <u>Wm PHILPOTT</u> Address <u>5830 ENRIGHT AVE</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Braunleipneumonia</u>		<u>16 das.</u>
DUE TO (b) <u>Aspiration</u>		<u>23 das.</u>
DUE TO (c) <u>Middle Cerebral Thrombosis (Lft.)</u>		<u>23 das.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332x</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>2/4/61</u> to <u>2/25/61</u> and last saw her alive on <u>2/25/61</u> Death occurred at <u>6:27 p. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Shepard Funeral Home</u>		22b. ADDRESS <u>1515 Lafayette Ave.</u>	22c. DATE SIGNED <u>2/25/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-28-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. LEBANON</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
24. FUNERAL DIRECTOR <u>SHEPARD FUNERAL HOME 1167 HAMILTON AVE</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 27 1961</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>

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

**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,

~~by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lawrence O. Gerling*

Licensed Embalmer No. 4979

P. O. Address St. Louis, Mo.

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.