

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-030396**

DO NOT WRITE ON THIS STUB

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7862** STATE FILE NUMBER

VS 300 Rev. 4/59	1	2404/23	3	4	5	6	7	8	9	10	11	12	13
AMENDED	DATE AMENDED												
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF												
SHOULD READ	DOCUMENT												
SHOULD BE	MEDICAL CERTIFICATION												
BY AFFIDAVIT OF	REMOVAL												

<b>FILED AUG 9 1963</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>ST. LOUIS, MISSOURI</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b> Length of stay in 1b <b>30 days</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Woodson Terrace St. Louis 14, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>9553 Chester Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>John Sherman Phillips</b> <b>4. DATE OF DEATH</b> Month Day Year <b>July 31 1963</b>	
<b>5. SEX</b> <b>Male</b> <b>6. COLOR OR RACE</b> <b>White</b> <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>7-13-1900</b> <b>9. AGE (last birthday)</b> <b>63</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Carpenter</b> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Carpentering</b> <b>11. BIRTHPLACE</b> (City and state or country) <b>Belle, Mo.</b> <b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>	<b>13a. FATHER'S NAME</b> <b>Charles Phillips</b> <b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise Patterson</b> <b>14. NAME OF HUSBAND OR WIFE</b> <b>Lucille F. Phillips</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b> <b>16. SOCIAL SECURITY NO.</b> <b>MM #11</b> <b>17. INFORMANT</b> <b>Lucille F. Phillips</b> Address <b>9553 Chester Ave.</b>	<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular Accident, etiology unknown</b> DUE TO (b) _____ DUE TO (c) <b>422.1</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>20f. CITY, TOWN, OR LOCATION</b> <b>Jennings, Mo.</b> COUNTY STATE
<b>21. I attended the deceased from</b> <b>6/30/63</b> to <b>7/31/63</b> and last saw him alive on <b>7/31/63</b> Death occurred at <b>3:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> <i>C. S. Vermillion, M.D.</i> (Degree or title) <b>M.D.</b> <b>22b. ADDRESS</b> <b>BARNES HOSPITAL</b> <b>22c. DATE SIGNED</b> <b>8/1/63</b>	<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b> <b>23b. DATE</b> <b>8-3-1963</b> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b> <b>23d. LOCATION</b> (City, town, or county) (State) <b>Jennings, Mo.</b>
<b>24. FUNERAL DIRECTOR</b> <b>Baldwin Bros. Inc.</b> ADDRESS <b>2504 Woodson Rd. Overland 14, Mo.</b> <b>25. DATE RECD. BY LOCAL REG.</b> <b>AUG 1 1963</b> <b>26. REGISTRAR'S SIGNATURE</b> <i>Loan Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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

*David C. Gibson*

Licensed Embalmer No.

*3454*

P. O. Address

*St. L. 147mo*

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.