

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

42442

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 79A  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis (No. 2516, Baldwin) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 12174  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2516 Baldwin St., 120 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 14 - 1893</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>10</u>	DAYS <u>26</u>
IF LESS than 1 day, ..... hrs. or ..... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Porter</u> (c) Name of employer <u>Crocker Commission House</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10, 1929  
17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1929, to Dec 10, 1929 that I last saw him alive on Dec 9, 1929 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Central Pneumonia & Mitral Incompetency  
Lobar Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.  
CONTRIBUTORY Mitral Incompetency  
(SECONDARY) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
(Signed) J. J. Gable M. D.  
(Address) 2132 Market

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Tennessee  
10. NAME OF FATHER Bob Phillips  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
Tennessee  
12. MAIDEN NAME OF MOTHER Amy Henderson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
Tennessee

14. INFORMANT Millie Phillips  
(Address) 2516 Baldwin  
15. FILED DEC 14 1929 Max C. Stankov REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood DATE OF BURIAL 12/10 1929  
20. UNDERTAKER Russell Wm. Co ADDRESS 2732 Pine St

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

