

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

N. 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.

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

**32482**  
 Do not use this space.

**OCT 14 1937**

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City, St. Louis.....  
 (d) Street No. City Hospital No. 1.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791  
 Primary Registration District No. 1003

Registered No. 8536

**C. 81 60**  
**2. PRINT FULL NAME**

(a) Residence, No. 1 212 a Shenandoah St. **23**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**James E. Phipps**

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** male  
**4. COLOR OR RACE** white  
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Clara Phipps  
 (OR) WIFE OF  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 12, 1899  
**7. AGE**  

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>38</u>	<u>5</u>	<u>26</u>	

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.**  
**9. Industry or business in which work was done, as saw mill, bank, etc.** photographer  
**10. Date deceased last worked at this occupation (month and year)**  
**11. Total time (years) spent in this occupation**

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kentucky

**FATHER**  
**13. NAME** John Phipps

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kentucky

**MOTHER**  
**15. MAIDEN NAME** Allie McGuier

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kentucky

**17. INFORMANT** Hosp. Info M. Kent  
 (ADDRESS)

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE St. Mathews DATE 9/10/37

**19. FUNERAL DIRECTOR** H. C. Maydell  
 (ADDRESS) 1926 Allen Ave.

**20. FILED** J. S. Brubaker  
 (Address) Local Registrar.

**SEP 10 1937**

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 9/8/37, 1937

**22. I HEREBY CERTIFY, That I attended deceased from** 9/7/37, 1937, to 9/8/37, 1937.  
 I last saw him live on 9/8/37, 1937. Death is said to have occurred on the date stated above, at 3 p. m.  
 The principal cause of death and related causes of importance were as follows:

Sarcoma of neck with metastases Date of onset

Other contributory causes of importance: 576

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No.

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify.....  
 (Signed) F. W. Sargent, M. D.  
 (Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Wm. C. Moydell*

Licensed Embalmer No. 1467

**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.)**