

APR 11 1938

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

8619
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis.....
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003

Registered No. 2207

(d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Russell Phillips 412
(a) Residence, No. St. NR St. Clair Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR WIFE OF) Mary Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61. 11 15

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

12. BIRTHPLACE (CITY OR TOWN) St. Clair
(STATE OR COUNTRY) Franklin Co., Mo

FATHER
13. NAME John Phillips

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

MOTHER
15. MAIDEN NAME Elizabeth Davis

16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Mary Phillips (widow) St. Clair Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair Mo DATE 3-3 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Casey + Company St. Clair Mo

20. FILE NO. NR 4 1938 J. D. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1938, to 3-4, 1938

I last saw him alive on 3-4, 1938. Death is said to have occurred on the date stated above, at 10:40 a. m.

The principal cause of death and related causes of importance were as follows:

Holkin's Disease Date of onset Jan 37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Ray D. Williams, M. D.
(Address) BARNES HOSPITAL

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.

STATEMENT BY LICENSED EMBALMER

I, Howard Rowland, Licensed Embalmer No. 3114

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

 I. E.

No. or by , Registered Apprentice No.
working under my personal supervision.

Signed Howard Rowland

Licensed Embalmer No. 3114

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.)