REC'D APR 12 1939

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

8461
Do not use this space.

1. PLACE OF DEATH
(a) County 3 Registration District No. 791
(b) Township 1 Primary Registration District No. 1002 Registered No. 2226
(c) City St. Louis (d) Street No. 5885A ETZEL St.
(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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 412 JAMES PHILLIPS
(a) Residence, No. 3130a EASTON AVE St. 21
(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: COL
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~WID~~ MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ESSIE PHILLIPS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 1, 1890
7. AGE: YEARS 48 MONTHS 9 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: MOVING GO
9. Industry or business in which work was done, as saw mill, bank, etc.: ESTIMATOR
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): ALABAMA

FATHER
13. NAME: GEORGE PHILLIPS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER
15. MAIDEN NAME: MATTIE L. (UNK)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GEORGIA

17. INFORMANT (ADDRESS): GEORGE PHILLIPS 3130a EASTON
18. BURIAL, CREMATION, OR REMOVAL PLACE: GREENWOOD DATE: 3-10, 1939
19. FUNERAL DIRECTOR (ADDRESS): R.M.G. GREEN 3517 LAC LEDE AV
20. FILED: MAR 8 1939 J. F. Bulach Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/5/39, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ..... P.M. Death is said to have occurred on the date stated above, at 12:00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion;
Arterio Sclerosis;

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? No
If so, specify .....
(Signed) [signature] M.D.
(Address) [signature]

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173

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 R. M. C. Green

Licensed Embalmer No. 1173

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.)