

REC'D MAY 10 1939

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

791  
1003

13363

Do not use this space.

3705

1. PLACE OF DEATH **Homer Phillips**
- (a) County ..... 2 ..... Registration District No. ....
- (b) Township ..... 1 ..... Primary Registration District No. ....
- (c) City **St. Louis** ..... (d) Street No. **2326a Market St.** ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **Kenney White**
- (a) Residence, No. **2336a Market** ..... St. **22** ..... (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male**
4. COLOR OR RACE **colored**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah White**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**about 62**

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Janitor**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **Shelbyville Tenn.**

- FATHER
13. NAME **Unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

- MOTHER
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mrs Elenora White 4278 S. Ferdinand**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **April 21, 1939**

19. FUNERAL DIRECTOR (ADDRESS) **E. L. Garner 2829 Washington, Ave.**

20. FILED **APR 21 1939** **J. B. Beck** Local Registrar

## NO PHYSICIAN CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/16/39** 19
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....
- I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at **12:15 P.M.**
- The principal cause of death and related causes of importance were as follows:

**Coronary Occlusion;  
Arterio Sclerosis;**

Other contributory causes of importance:

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? **No**  
If so, specify .....  
(Signed) **J. B. Beck**, M.D.

(Address) **Deputy Registrar**

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X12004

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, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

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

working under my personal supervision.

Signed *Arthur L. Hilliard* \_\_\_\_\_

Licensed Embalmer No. **3389** \_\_\_\_\_

**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.)**