

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

13625  
Do not use this space.

Registered No. **3967**

REC'D MAY 10 1939

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **2**  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St Louis** (d) Street No. **5750 Edward Ave** 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. **5750 Edward** St. **7**  
 (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 **Emma**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 2 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**64 5 25**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Sperry Painter**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **mutual Water**  
 10. Date deceased last worked at this occupation (month and year) **Mar 1939** 11. Total time (years) spent in this occupation **14 yrs**

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

FATHER 13. NAME **Geo W. Phillips**

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

MOTHER 15. MAIDEN NAME **Ann White**

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

17. INFORMANT **Emma Phillips** (ADDRESS) **5750 Edward**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Municipal Park Cem** DATE **May 1, 1939**

19. FUNERAL DIRECTOR (NAME) **Bertram J. General** (ADDRESS) **1936 St Louis Ave**

20. FILED **APR 29 1939** **J. D. Brueck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 27th 1939**

22. I HEREBY CERTIFY, that I attended deceased from **April 1st 1939**, to **April 27th 1939**.

I last saw him alive on **April 27th 1939**. Death is said to have occurred on the date stated above, at **3:55 P.M.**

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

**Nephritis (Chronic)** Date of onset **unkno.**

Other contributory causes of importance:

**Coro-Carditis**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **clinical** 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? **Yes**

If so, specify **due to inhalation of gas**

(Signed) **L. A. Wilson**, M. D.  
 (Address) **4362 Hamme Ave**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Felix J. Krupin*.....

Licensed Embalmer No. *3297*.....

P. O. Address *1936 St. Louis*.....

**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.)**

**If this body is not embalmed, above space should be left blank.**