

JAN 12 1940 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: EUW3

(a) County 1
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 hrs 14 min.
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME James Phillips H12

3. (b) If veteran, name war No 3. (c) Social Security No. —

4. Sex Male 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annis Phillips 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 5 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Ellettsville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Waltham 9

13. Birthplace Waltham 9
(City, town, or county) (State or foreign country)

14. Maiden name Waltham 9

15. Birthplace Waltham 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Annis Phillips

(b) Address 3965 Evans Ave

17. (a) Burial (b) Date thereof 12-11-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Elbi Funeral Home

(b) Address 2820 Stadeland St

19. (a) DEC 8 1939 (b) J.F. Dreditch
(Licensed local registrar) (Physician)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County —
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2631 Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1939 hour 11:00 minute 32 P. M.
December 4

21. I hereby certify that I attended the deceased from December 4, 1939, to December 5, 1939;
that I last saw him alive on December 5, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, Type V About 7 days
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Lyman (M. D. or other) _____

Address 2601 N Whittiger Date signed 12/6/39

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 L. Boykin, Registered Apprentice No. Imp working under my personal supervision.

Signed Lomnie Boykin
Licensed Embalmer No. 294
P. O. Address St. Louis Mo

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.