No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17938

FILED JUN 10 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 585

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 YEARS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1203 So. 19th (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME CARL B. PHILIPPAR 416

8. (b) If veteran, name war none

8. (c) Social Security No none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 14th. (Day) 1871 (Year)

8. AGE: Years 69 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Fredricktoun (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired R.R. Postal Clerk 6

11. Industry or business

FATHER
12. Name Peter Philippar 1
13. Birthplace unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Rush
15. Birthplace Summerset County (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Mrs. Della Baublets

(b) Address 1203 S.19th. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address ST. JOSEPH, MO.

19. (a) May 28 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 25 year 1940 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from January 30, 1940 to May 25, 1940 that I last saw him alive on May 24, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchiectasis | ? |
| Due to Chronic Bronchitis | ? |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 301 P R S Bldg St. Joseph Mo Date signed 5-28-40

(Licensed Embalmer's Statement on Reverse Side)

## 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.....C. G. Swan.....

Licensed Embalmer No. 4082

P. O. Address.....St Joseph.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

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