

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33817
Registrar's No. 8514

Registration District No. 791 Primary Registration District No. 1003

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

RECORDED NOV 16 1940

PLACE OF DEATH:

(a) County _____
(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 G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 hrs 50 min
(Specify whether
In this community Life
years, months or days)

8. (a) PRINT FULL NAME Frank Phillips, Jr

8. (b) If veteran, name war XXXXX 3. (c) Social Security No. XXXXXX

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

6. (b) Name of husband or wife XXXXX 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased November 16, 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 10 29 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business XXXXX

12. Name Frank Phillips, Sr

13. Birthplace Clarendon Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Fanny Taylor

15. Birthplace Clarendon Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Phillips

(b) Address 705 N 22nd St.

17. (a) Burial (b) Date thereof 10-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J W Hughes

(b) Address 2620 Linton

19. (a) OCT 15 1940 (b) J F Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limit, write "RURAL")
(d) Street No. 705 N 22nd St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1940 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from
October 12, 1940 to October 13, 1940;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Approx 3 wks
due to inanition

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 107a

Major findings: Of operations _____
Of autopsy _____

Duration
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 C. Raymond Berry (M. D. or other)
Address 2601 N Whittier Date signed _____

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 Lyda Hughes
Licensed Embalmer No. 2938
P. O. Address 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.