

S. No. 2  
DM-5-42  
v. 5-17-39  
X32873

39197

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 14 1943 818  
Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 53

1. 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:  
1972 E. Warne Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community... 17 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town... St. Louis (If outside city or town limits, write "RURAL") 129  
(d) Street No. 1972 E. Warne Ave. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country... 0

3. (a) PRINT FULL NAME Charles Henry Phillips  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 2  
year 1943 hour 6 minute 10 P.M.  
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife... Georgia J. Phillips 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Dec. 17, 1879  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism <sup>Duration</sup>  
right leg when deceased slipped  
and fell on the ice while attempting  
to board a Redemptorist car  
the corner of W. Florence and  
Warne Ave. Dec 2 1942  
about 6.45 AM

8. AGE: Years Months Days If less than one day  
63 0 15 hr. min.

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings: 1810  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

9. Birthplace Columbus, Indiana (City, town, or county) (State or foreign country)  
10. Usual occupation Draftsman

MOTHER FATHER { 11. Industry or business.....  
12. Name John Phillips  
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)  
14. Maiden name Mary Cordell  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgiana J. Phillip  
(b) Address 1972 E. Warne Ave.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 000  
(b) Date of occurrence Dec 2 1942  
(c) Where did injury occur? St Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place (Specify type of place)

17. (a) Burial (b) Date thereof 1/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. PETER'S  
11400  
18. (a) Signature of funeral director 11400  
(b) Address 2117 E. Grand Blvd.  
1943  
19. (a) (Date received local registrar) (b) J. F. Bueh (Registrar's signature)

While at work no (Specify type of place) (e) Means of injury fall  
23. Signature Thomas H. Allen (M. D. or other)  
Address Deputy Coroner Date signed 4-42

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Frank A. Moore*  
Licensed Embalmer No. *3041*  
P. O. Address *2117 E. Grand*

**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, fact should be so stated above.**