

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32106**
Registrar's No. **7809**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo
In this community _____
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Emmil Piphus
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Piphus 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased April 25 1912
(Month) (Day) (Year)

8. AGE: Years 34 Months 4 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Brownsville Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

MOTHER FATHER
11. Industry or business
12. Name Adolphus Piphus
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Harris
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Piphus
(b) Address 1308 N. Taylor Ave
17. (a) Shipping (b) Date thereof 9-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Humboldt Tenn
18. (a) Signature of funeral director ATKINS Bros
(b) Address 3644 Finney Ave
19. (a) SEP 10 1946 (b) J. A. Credel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1350 Glasgow 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 6
year 1946 hour 12 minute 10 P M.
21. I hereby certify that I attended the deceased from 8-2, 1946, to 9-6, 1946;
that I last saw her alive on Sept. 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis - Far Advanced
Duration _____
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy No
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? 6. B Williams (Specify type of place) (b) Means of injury 0
23. Signature 6. B Williams (M. D. or other) 0
Address 2601 71st St Date signed 9/7/46

JAN 11 1949

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finley*

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.