

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15856
Registrar's No. 966

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution:
444 N. Clay Ave. /
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(d) Street No. 444 N. Clay Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Duff Green Phillips
3. (b) If veteran, name war War 1
3. (c) Social Security No. none
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Aug. 11 1871

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27
year 1947 hour 2 minute 32 P M.
21. I hereby certify that I attended the deceased from April 27 to June 30
that I last saw him alive on June 30
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 8 16 hr. min.

Immediate cause of death Myocardial Infarction
with rupture of heart
and blood
Due to fatigue and sudden
and was dead when
Due to seen by me

9. Birthplace Kansas
10. Usual occupation Retired Railroad Man
11. Industry or business _____

Other conditions Causes Intake Drug at
hospital because ill
Major findings: _____
Of operations: _____

MOTHER FATHER
12. Name Chas. Phillips
13. Birthplace Indiana
14. Maiden name Rose McMurtry Indiana
15. Birthplace Indiana

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy As above noted
Partial autopsy

16. (a) Informant Mrs. Grace Phillips
(b) Address 444 N. Clay Ave. Kirkwood
17. (a) Burial (b) Date thereof 4/30/47
(c) Place: burial or ~~removal~~ Oak Hill Cemetery

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

18. (a) Signature of funeral director Louis H. Bonn, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood
19. (a) 5-1-47 (b) Coelia J. Shapley

While at work? _____ (Specify type of place)
(c) Means of injury? _____
23. Signature John H. Amundson (M. D. or other) MD
Address 301 N. Kirkwood Rd Date signed 4-28-47

(Licensed Embalmer's Statement on Reverse Side)

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

6
4
3

96
3
5

Kirkwood Mo 7

MAY 4 1947

MAY 22 1947

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 Peter B. Dubouille

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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, fact should be so stated above.