S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22567

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6114

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2729 Lawton (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Chester Phason
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col.
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 July (Month) 16, (Day) 1921 (Year)

8. AGE: Years 25 | Months 11 | Days 8 | If less than one day 0 hr. min.

9. Birthplace Hickman, (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Porter
11. Industry or business Hotel
FATHER
12. Name George Phason
13. Birthplace Columbus, (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Annie Wilson
15. Birthplace Columbus, (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Mrs. Annie Phason
(b) Address 2729 Lawton Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director E. B. Lovice
(b) Address 1221 North Grand Blvd.
19. (a) JUN 26 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1947 hour 6 minute 50 P. M.
21. I hereby certify that I attended the deceased from Dec. 5, 1946, to June 24, 1947 that I last saw him alive on June 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Undet.
Tuberculosis of Spine	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN — Underline the cause of 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? (Specify) Means of injury
23. Signature Edward B. Williams (M. D. or other)
Address 2601 N. Whittier Date signed 6/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Mil

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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221-7 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.