

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6700

FILED MAR 8 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1340**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) d. STREET ADDRESS (If rural, give location) 5666 Leverette Jennings	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5666 Leverette	

3. NAME OF DECEASED (Type or Print) a. (First) HOWARD b. (Middle) S c. (Last) PHILLIPS			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 7, 1877	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter (retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jasper, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Sam Phillips		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Edith Pierce Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 327-07-4755		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Phillips ADDRESS 5666 Leverette	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Larynx</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Metastasis to Rt side of neck</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>161X</i>

22. I hereby certify that I attended the deceased from *Jan 1952* to *Feb 9, 1952*, that I last saw the deceased alive on *9 Feb, 1952*, and that death occurred at *5:30 pm*, from the causes and on the date stated above.

22a. SIGNATURE <i>Ray V. Hank</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>4952 Maryland</i>	22c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial (1)</i>	24b. DATE <i>Feb 13 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>FEB 13 1952</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>4746</i> ADDRESS <i>Bromschwig and Son W Florissant</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

041

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *John S. Rennie*

Signed.....
Student Embalmer

Licensed Embalmer No. *4199*

P. O. Address.....

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.