

## STANDARD CERTIFICATE OF DEATH

REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2537	
1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 498 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 4982 WREN AVENUE			
3. NAME OF DECEASED (Type or Print) LOUIS		a. (First) G. PHILLIPS		b. (Middle)	
c. (Last)		4. DATE OF DEATH 10-1-52		(Month) (Day) (Year)	
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 2-26-85		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER, Interior Decorator	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WACO, TEXAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME PECK PHILLIPS		13b. MOTHER'S MAIDEN NAME ELIZABETH (MAIDEN NAME UNK)		14. NAME OF HUSBAND OR WIFE LOTTIE PHILLIPS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 497 05 6999		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO. ADDRESS	
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) PERKINSON'S, SYNDROME  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 350X  DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 15 yrs
		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTHRITIS-far advanced GENERAL & CEREBRAL ARTERIOSCLEROSIS			15 yrs 10 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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?	
22. I hereby certify that I attended the deceased from 5-21-51 19, to 10-1-52 19, and that death occurred at 10:15 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.		23c. DATE SIGNED 10-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/3/52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.			

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

4000 0

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 42, 67

P. O. Address St. Louis

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.