

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7369

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELMWOOD PARK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis County</u> <u>ELMWOOD PARK</u>	
c. LENGTH OF STAY (in this place) <u>15 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>9511 Chicago Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9511 Chicago Ave</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>9511 Chicago Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 20 1904</u>		9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PORTER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison County Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>					

13a. FATHER'S NAME <u>Lewis Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Phillips Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Josephine Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Josephine Phillips</u>	
				ADDRESS <u>9511 Chicago</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>from a gunshot wound of the left chest</u> <u>fired from a 20 ga. shot gun in the hands of THOMAS ALEXANDER of Elmwood Park, while the deceased was serving customers in his tavern in the 9500 block of Chicago Ave., during a scuffle between the two men. MR. PHILLIPS was removed to the St. Louis County Hospital by HILLEMANN AMBULANCE.</u> II. OTHER SIGNIFICANT CONDITIONS <u>ing a scuffle between the two men. MR. PHILLIPS was removed to the St. Louis County Hospital by HILLEMANN AMBULANCE.</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>LANCE and was dead on arrival</u>		INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>tavern</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elmwood Park St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) <u>29th Jan '54</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun shot wound</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <u>Ernest J. Hillman</u> (Degree or title) <u>Coroner Clayton, Missouri</u>		23b. ADDRESS <u>Clayton, Missouri</u>		23c. DATE SIGNED <u>2-2-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>2/4/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	

DATE REC'D BY LOCAL REG. <u>2-2-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u>	
				ADDRESS <u>4247 W Labadie Ave</u>	

32U (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
000/1

**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

*W. Claude Gardner*

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

**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.