

FILED JUN 21 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **19443**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 43

5004

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2109
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>ST. JOSEPH'S HILL INFIRMARY</u>			d. STREET ADDRESS (If rural, give location) <u>2616 MARGARETTE AVE.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>IRVING</u> c. (Last) <u>PHILLIPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 20 1870</u>		9. AGE (In years of UNDER 1 YEAR IF UNDER 18 RES. last birthday) Months Days Hours Min. <u>84 2 16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SALESMAN</u>	11. BIRTHPLACE (State or foreign country) <u>FAIRFIELD ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>THOMAS CLARK PHILLIPS</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA WARD</u>	14. NAME OF HUSBAND OR WIFE <u>?</u>
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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>?</u>	17. INFORMANT'S SIGNATURE OR NAME INF. ADDRESS No. <u>Bro. Lock, 0. S. T. St. Joseph's Hill Eureka</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIO-SCLEROTIC</u> DUE TO (c) <u>CARDIO-VASCULAR DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS 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>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/23 1954, to 6/4 1954, that I last saw the deceased alive on 6/4 1954, and that death occurred at 7:35 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. Marder M.D.</u>	23b. ADDRESS <u>4323 COLAND DRIVE 2ND NO. NORMANDY</u>	23c. DATE SIGNED <u>6/6/54</u>
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24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>6-9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 12-54</u>	REGISTRAR'S SIGNATURE <u>Ruth Jissa 438</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jay B. Smith - 7456 Manchester</u>
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 16 1964

JUN 28 1964

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.....

*J. P. Burgess*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address *Maplewood*

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.