

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18455

State File No. ....

FILED MAY 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3921**

1. PLACE OF DEATH  
a. COUNTY **Winnemou**

b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Hosp.**

e. STREET ADDRESS **3628 Topping** 3587

3. NAME OF DECEASED a. (First) **Henry** b. (Middle) **Philman** c. (Last) **Philman**

4. DATE OF DEATH **4/19/56**

5. SEX **M** 6. COLOR OR RACE **C** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **17 July 1894** 9. AGE (In years, Months, Days) **61** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **crossing flagman** 10b. KIND OF BUSINESS OR INDUSTRY **Mo. Pac. R.R.** 11. BIRTHPLACE (City and State or Foreign Country) **Altheimer Arkansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Mose Philman** 13b. MOTHER'S MAIDEN NAME **Not known** 14. NAME OF HUSBAND OR WIFE **Eleanor**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME **Elnora Philman** ADDRESS **3628 Topping**

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, ashenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of prostate**  
ANTECEDENT CAUSES **Metastasis to liver and bone**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Bronchopneumonia**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) **1771**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **April 4, 1956**, to **April 19, 1956**, that I last saw the deceased alive on **April 18, 1956**, and that death occurred at **3:00 AM**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) **Charles Knoke M.D.** 22b. ADDRESS **1755 S. Grand** 22c. DATE SIGNED **4/19/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **20 April 1956** 24c. NAME OF CEMETERY OR CREMATORY **Kansas City, Missouri** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **APR 20 1956** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Reliable Funeral Sys.** ADDRESS **1389 N. Union**

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

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.....  
Signature of Student Embalmer

Signed *Paul J. Freeman*.....

Licensed Embalmer No. *468*

P. O. Address *4729 West*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.