

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1956

State File No. **40217**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **268**

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch		c. CITY OR TOWN ST. Louis	
c. LENGTH OF STAY (in this place) 113 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT KOCH HOSPITAL		e. STREET ADDRESS (If rural, give location) 919 North PENDLETON	

3. NAME OF DECEASED (Type or Print) a. (First) LENA			b. (Middle)			c. (Last) PHILLIPS			4. DATE OF DEATH (Month) (Day) (Year) 11 10 56						
5. SEX F.			6. COLOR OR RACE N.			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH 2-17-99			9. AGE (In years last birthday) 57. IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At home				11. BIRTHPLACE (City and State or Foreign Country) ALABAMA				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Fate Nabors			13b. MOTHER'S MAIDEN NAME Mattie Chapel			14. NAME OF HUSBAND OR WIFE James Phillip		
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. no.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. Koch Hosp, Koch, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS						3 years	
		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		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.						002X	

19a. DATE OF OPERATION 11-8-56		19b. MAJOR FINDINGS OF OPERATION RIGHT PNEUMONECTOMY (TUBERCULOSIS)						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **10-22, 1954**, to **11-10, 1956**, that I last saw the deceased alive on **11-10, 1956**, and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS R. Koch Hosp, Koch, Mo.		23c. DATE SIGNED 11-10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/13/56		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	
24d. LOCATION (City, town, or county) (State) Lemay 3900 Mt. Olive St.		DATE REC'D BY LOCAL REG. 11-13-56		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros 3706 Finney Ave					

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 *Henry C. Williams*.....

Licensed Embalmer No. *4781*.....

P. O. Address *1205 Walnut*.....

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.