

# Fred Philo Commander 1935 & 1936

Born on 21 Dec 1871 in Farragut, IA, to Charles E Philo and Mary Benton. Charles is probably the soldier listed as a musician with the 1<sup>st</sup> Wisconsin Inf, Co. K. He married a woman named Annie and worked for the telephone company.

He died 21 Jan 1952 and is buried in Ashland Cemetery, St. Joseph, MO. The cemetery is in bad shape and his grave may no longer have a tombstone.

No. 306 FEB 4 1952 10-48

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **292**  
Registrar's No. **116**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan 0117</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph 0117</b>	
c. LENGTH OF STAY (In this place) <b>13 days</b>		d. STREET ADDRESS (If rural, give location) <b>702 South 14th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp.</b>			
3. NAME OF DECEASED a. (First) <b>Fred</b> b. (Middle) <b>William</b> c. (Last) <b>Philo</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 21, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>Dec. 21, 1871</b>
9. AGE (In years last birthday) <b>80</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>telephone Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Farragut, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Charles E. Philo</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Benton</b>	
14. NAME OF HUSBAND OR WIFE <b>Annie Philo</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eva Lake</b> ADDRESS <b>702 S. 14th, St. Joseph, Mo.</b>			
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) <b>Uremia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive vascular disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral thrombosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	
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) (Min.)	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 <b>1-9</b> , 19 <b>52</b> , to <b>1-21</b> , 19 <b>52</b> ; that I last saw the deceased alive on <b>1-20</b> , 19 <b>52</b> , and that death occurred at <b>12:25 A</b> m.; from the causes and on the date stated above.			
23a. SIGNATURE <b>Lucien W. J. de m. D. O.</b> (Degree or title)		23b. ADDRESS <b>902 Edmond St. Joseph, Mo.</b>	
23c. DATE SIGNED <b>1-21-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>1-23-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
DATE RECD BY LOCAL REG. <b>Jan 31 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cas...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton Bowman</b> ADDRESS <b>Funeral Home, St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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