

S. No. 2
-11-10-39
5-17-39
-1 X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33427
State File No. 33427
Registrar's No. 9550

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

FILED NOV 10 1943 318
Registration District No. 318

Primary-Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LUTHERAN HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 DAYS
(Specify whether years, months or days)

In this community Emily Mary Phelps
years, months or days
3. (a) PRINT FULL NAME EMILY MARIE PHELIPS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 1
If less than one day hr. _____ min.

9. Birthplace Lancaster England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant MRS. LEO WALLY
(b) Address KIMMSWICK MO

17. (a) BURIAL (b) Date thereof NOV 1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PARK LAWN CEMETERY

18. (a) Signature of funeral director HEILIGTIG FUN. HOME
(b) Address KIMMSWICK MO

19. (a) OCT 30 1943 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits write "RURAL")
(d) Street No. NEAR KIMMSWICK MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day Oct
year 1943 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from Sept 20, 1943, to Oct 30, 1943, that I last saw him alive on Oct 29, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 17 of status Bronchitis

Due to Ch. Chordiac disease
Myocarditis

Due to 93

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A M Frank (M. D. or other) _____
Address 3651 Grand Ave Date signed Oct 30 43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John H. Little*

Licensed Embalmer No. *3880*

P. O. Address.....

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, above space should be left blank.