

3. No. 2
-12-45
5-17-39
X47070

FILED DEC 6 1947 318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Neverette E. Phelps
(b) If veteran, name war No
(c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Barbara Phelps
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased November 15 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 11 hr. min.

9. Birthplace Shelbyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Government Employee

11. Industry or business _____

MOTHER FATHER

12. Name John Phelps
13. Birthplace Shelbyville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Isabel Bales
15. Birthplace Shelbyville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Phelps
(b) Address Perryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-47
(Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 26 1947 (Date received local registrar) (b) G. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. 214 So. Main 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1947 hour 7 minute 45 AM.
21. I hereby certify that I attended the deceased from 25 Nov
47 1947 to 26 Nov 1947
that I last saw him alive on 25 Nov 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Cerebral hemorrhage 1 day
Due to Hypertension 10 yrs.
Due to Arteriosclerosis 10 yrs.
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: none
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 James Bridell (M. D. or other) 0
Address Perryville, Mo. Date signed 26 Nov 47

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

DEC 30 1947

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 *J. W. Wilkins*
Licensed Embalmer No. 3575

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, fact should be so stated above.