

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033342

FILED VS SEP 7 1960

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2313 STATE FILE NUMBER

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST LOUIS</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>                    |   |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>PINE LAWN</u>  |   | c. CITY OR TOWN <u>PINE LAWN</u>   |   |
| Length of stay in 1b <u>8 MONTHS</u>  |   | Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6227 VETTER PL.</u>  |   | d. STREET ADDRESS (if outside, give location) <u>6227 VETTER PL</u>  |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>BESSIE M PHELPS</u>  |   | 4. DATE OF DEATH Month Day Year <u>8-1-1960</u>  |   |
| 5. SEX <u>FEMALE</u>  | 6. COLOR OR RACE <u>WHITE</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>1-4-1899</u>  |
| 9. AGE (last birthday) <u>61</u>  |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITRESS</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>  |   |
| 11. BIRTHPLACE (City and state or country) <u>FREDRICKTOWN, MO</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>  |   |
| 13a. FATHER'S NAME <u>WILLIAM PHELPS</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>MIRNIE JUDLEY</u>   |   |
| 14. NAME OF HUSBAND OR WIFE   |   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>  |   | 16. SOCIAL SECURITY NO. <u>495-14-5555</u>   |   |
| 17. INFORMANT <u>MYRTLE PRESTON 8638 HENRIETTA</u>  |   | Address  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>   |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>Several Mos.</u>  |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY   | Month, Day, Year  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE  |
| 21. I attended the deceased from <u>January, 1960</u> to <u>July 28, 1960</u> and last saw her <u>live on July 28, 1960</u><br>Death occurred at <u>6227 Vetter Pl., St. Louis 21, Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title) <u>George P. Adelman M.D.</u>  |   | 22b. ADDRESS <u>933 Arcade Bldg., 812 Olive St. Louis 1, Mo.</u>   | 22c. DATE SIGNED <u>8/18/60</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>  | 23b. DATE <u>8-8-1960</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>VAL HALL CREMATORY</u>   | 23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>  |
| 24. FUNERAL DIRECTOR <u>HOWARD H. MICHEL</u>  | ADDRESS <u>5930 SOUTHWEST</u>   | 25. DATE RECD. BY LOCAL REG. <u>8-2-60</u>   | 26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

IMV  
100

STATEMENT BY LICENSED EMBALMER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *Not Embalmed*  
*Howard H. Michel* \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.