

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Monroe St. (No. 8323)

Registration District No. 789  
Primary Registration District No. 6033-B

File No. 17582  
Registered No. 157  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Louise Phelps

(a) Residence, No. 8323 Monroe St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Phelps</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 14, 1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) England

13. NAME Thomas Sims

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) England

15. MAIDEN NAME Sallie Thomas

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) England

17. INFORMANT Miss Milda Phelps  
(ADDRESS) 8323 Monroe St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Valhalla cemetery DATE May 17, 1933

19. UNDERTAKER Geo. F. O'Rourke Inc.  
(ADDRESS) 5966 Gaston Ave.

20. FILED 5-16-, 1933 Opella Bray M. D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1933

I HEREBY CERTIFY, That I attended deceased from October 19, 1932, 1932, to May 14, 1933

I last saw her alive on May 14, 1933 Death is said

to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
930  
930  
Other contributory causes of importance:

Date of onset  
2 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) C. E. Sterling, M. D.

(Address) 2205 North South Rd  
St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 23 1933

2205 n. S rd.