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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43831

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2473

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 855 days (Specify whether
In this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) ~~County~~
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2202 - A Randolph (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Phelps, Odie
3. (b) If veteran, name war No
3. (c) Social Security No. 493-07-6812
4. Sex M
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 17 (Day) 1913 (Year)

8. AGE: Years 27 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Hickman (City, town, or county) Ark (State or foreign country) 1
10. Usual occupation Truck Helper
11. Industry or business Soft drink Co 1
FATHER
12. Name John Phelps 1
13. Birthplace ? (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Janie Phelps
15. Birthplace ? (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Patient Jannie Phelps
(b) Address 1141 Russell Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation E. St Louis Ill
18. (a) Signature of funeral director C. T. Nash
(b) Address 1111 N. 13 th St. E St Louis Ill
19. (a) DEC 30 1940 (Date received local registrar) (b) R. R. Meyer M.D. Dep. H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1940 hour 7 minute 55 M.
21. I hereby certify that I attended the deceased from August 24, 1938, to December 29, 1940 that I last saw him alive on December 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Left Thoracoplasty
Of autopsy —

Duration: About 2½ ~~months~~ yrs

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) —
(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? 707 — (Specify type of place)
While at work? — (e) Means of Injury —
23. Signature R. W. Polk (M. D. ~~or other~~) 1
Address Koch, Mo. Date signed 12/30/40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed C. T. Nash

Licensed Embalmer No. 3224

P. O. Address 1111 N. 13th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

E St Louis Ill