

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13064**  
Registrar's No. **3494**

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

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:  
1013 Carroll Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LEONARD PHELPS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male race white

5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife MARY

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 9, 1878  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>1</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business unemployed

12. Name Findlay Phelps

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Webster

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

16. (a) Informant Mary Phelps

(b) Address 1013 Carroll Street

17. (a) burial (b) Date thereof April 24, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. N. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 24 1941 (b) [Signature]  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00023

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1013 Carroll Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION  
**no physician in attendance**

20. DATE OF DEATH: Month April day 21  
year 1941 hour 9 minute 30 p.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral A. oplexy.  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations [Signature]

Of autopsy \_\_\_\_\_

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)

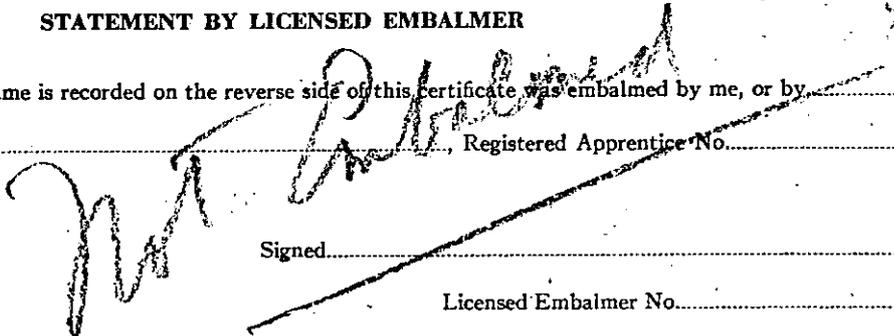
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed 4/24/41

**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.....

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