

FILED DEC 21 1942

Registration District No. 318

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 mo. 27 days
(Specify whether
In this community..... 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....
(c) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 724 N. Compton
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Lucille Smith Phelps

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race 3 col 6. (a) Single, widowed, married, divorced 1 married
6. (b) Name of husband or wife Dan 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Feb 5th (Month) 1904 (Day) (Year)

8. AGE: Years 33 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Plummerville Ark
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business

12. Name Dan Dickerson
13. Birthplace Plummerville Ark
(City, town, or county) (State or foreign country)
14. Maiden name Josie Stubbs
15. Birthplace Shelby Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Dickerson

(b) Address 303 Cedar St N. Little Rock Ark

17. (a) Removal (b) Date thereof 12/12/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock Ark

18. (a) Signature of funeral director J. Randle

(b) Address 3133 Bell Avenue

19. (a) 11/1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9,
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from October 12, 1942 to December 9, 1942
er December 9, 1942
that I last saw him alive on December 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis, Central Nervous System

Duration

Unk.

Due to.....

Due to.....

Other conditions Meningitis (Syphilitic) 3 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations 30c

PHYSICIAN

Of autopsy.....

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?

(Specify type of place)
While at work..... (e) Means of injury.....

23. Signature S. E. Smith (M. D. or other) 12/10/42
Address 2601 N. W. Whittier Date signed

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

MOTHER FATHER

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..... *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.