V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4698

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1468

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:
4421 Ashland Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4421 Ashland Ave. 10
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Luretta Phelps

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White /

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

6. (b) Name of husband or wife Samuel G. Phelps

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 6, 1868.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	5	hr. min.

9. Birthplace - - (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name James Winigs
13. Birthplace - - (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Emma Courtney
15. Birthplace - - (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant Samuel Phelps
(b) Address 4421 Ashland Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1945.
(Month) (Day) (Year)

(c) Place: burial or cremation Mattoon, Illinois.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th
year 1945 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1945, 19 to Feb 11, 1945;
that I last saw her alive on Feb. 10, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis with Arteriosclerosis

Due to

Due to

Other conditions Chr. Bronchitis (asthma)
(Include pregnancy within 3 months of death)
Sputum exam neg for tuber

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. F. Benke (M. D. or other)

Address 4901a Easton 13 Date signed 2/12/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1945

1468

1468

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 John A. Milner

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.