S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15482

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4539

OC 17 9

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: Missouri Pacific Hospital
(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:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 1
(If outside city or town limits, write "RURAL") NR
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clyde Matthews Phelps, Jr.
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Louise
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased May (Month) 4 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
43	0	17	hr. min.

9. Birthplace Leeper (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Ticket Agent
11. Industry or business Missouri Pacific R.R.
FATHER 12. Name Clyde Matthews Phelps, Sr.
FATHER 13. Birthplace Brawley (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Lillian Meloy
MOTHER 15. Birthplace Bismarck (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Willia Croft
(b) Address 3853 Folsom Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 22 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1945 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 7, 1945 to May 21, 1945; that I last saw him alive on May 21, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Hemorrhage	Immed.
Due to Carcinoma of Pancreas, w/ Liver Metastases & Venous Block	1½ Mo

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John T. Crowe (M. D. or other)
Address Jo Pac Hosp Date signed 5/21/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Ogonoski

Licensed Embalmer No. 3398

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.