

No. 2
12-45
-17-39
X47070

FILED AUG 21 1947
318

State File No. _____
Registrar's No. 7611

Registration District No. _____ Primary Registration District No. 1003

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)

In this community 27 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aaa

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

(d) Street No. 2327 Cole St
21 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Van Phelps

3. (b) If veteran, name war _____

3. (c) Social Security No. 709-09-5447

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
year 1947 hour 6 minute 25 P. M.

4. Sex Male [♂] Color or race COL.

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

6. (b) Name of husband or wife ANNIE PHELPS

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec. 6, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 6, 1947 to Aug. 10, 1947
that I last saw him alive on August 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular Accident

Duration Undet.

8. AGE: Years 54 Months 8 Days 4
If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions Hypertensive Cardio-Vascular Disease
(Include pregnancy within 3 months of death)

9. Birthplace BANKLEY ARK.
(City, town, or county) (State or foreign country)

10. Usual occupation CLEANER

11. Industry or business PUBLMAN CO.

12. Name John Phelps

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

14. Maiden name JANNIE ?

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

16. (a) Informant Mrs Annie Phelps

(b) Address 2327 Cole St

17. (a) REMOVAL (b) Date thereof 8-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LITTLE ROCK ARK.

18. (a) Signature of funeral director A. J. Walton

(b) Address 3707 Stoddard St

19. (a) AUG 11 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy NO

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 _____

23. Signature O. J. Daniels (M. D. or other) _____

Address 2601 N Whittier Date signed 8/11/47

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 Arthur L. Helliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard av

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.