S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 3 1/4

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29960

Registrar's No. 1790

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6289 Horton Pl.
(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 St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6289 Horton Pl. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Matilda Phelps
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Alonzo Phelps
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 12 (Day) 1865 (Year)

8. AGE: Years 81 Months 10 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Cuba (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name John Fleming
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Eliza Unknown
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Mrs. George Martin
(b) Address 6289 Horton Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cuba, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 8-21-47 (Date received local registrar) (b) Cecil E. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1947 hour 6 AM minute ..... M.
21. I hereby certify that I attended the deceased from 8/5 ....., 19....., to 8/18, 1947 that I last saw her alive on 8/13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	20 yrs
Due to 162 b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 0
23. Signature L. J. Dugan (M. D. or other)
Address 2816 Sutton Date signed 8/19/47

Jefferson City Printing Co.

(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 Henry M. Brammer

Licensed Embalmer No. 4200

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.