No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20542

Registration District No. 610

Primary Registration District No. 3058

Registrar's No. 100

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5½ hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City (If outside city or town limits, write "RURAL")

(d) Street No. 6233a Bartmer (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Erle J. Phelps

3. (b) If veteran, name war NIL

3. (c) Social Security No. 489-18-0568

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maisie Phelps

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased October (Month) 6 (Day) 1911 (Year)

8. AGE: Years 36 Months 7 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Construction Laborer

11. Industry or business

FATHER
12. Name John Fleming Phelps
13. Birthplace Cuba (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lulu Bowen
15. Birthplace (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Maisie Phelps

(b) Address 6233a Bartmer-University City

17. (a) removal (Burial, cremation, or removal) (b) Date thereof May 26-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Athens, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington-St. Louis, Mo.

19. (a) June 3 1948 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 2:35 minute P. M.

21. I hereby certify that I [illegible] held inquest May 25th, 1948, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral injury resulting from gunshot wound	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy yes	

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) accident

(b) Date of occurrence May 23rd, 1948

(c) Where did injury occur? Club House (City or town) St. Chas. Co. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Private Club (Specify type of place)

While at work? no (e) Means of injury gunshot wound

23. Signature Marie Murphy Carson (M. D. or other)

Address Wentzville Mo. Date signed 5-23-48

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 15 1948

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 Gustav W. Dieterle

Licensed Embalmer No. 4329

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.