

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2897

State File No.

120

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, MO</u>		c. LENGTH OF STAY (in this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2215A			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>21 2919th Dayton</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) _____		c. (Last) <u>Phelps</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>4/30-96</u>			
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Am. Car-Bumper Co. Louisiana</u>		11. BIRTHPLACE (State or foreign country) <u>1</u>			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Chas. Phelps Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Henshler Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Lurrie Phelps</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-10-6155</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lurrie Phelps</u>		ADDRESS <u>2919th Dayton</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u>					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>83rd</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>321X</u>					
22. I hereby certify that I attended the deceased from <u>12-25</u> , <u>1949</u> , to <u>1-4</u> , 1950, that I last saw the deceased alive on <u>1-4</u> , 1950, and that death occurred at <u>6:15 p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward B Williams Jr. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>1-6-50</u>			
24a. BURIAL (CREMATION, REMOVAL) (Specify) _____		24b. DATE <u>1/9/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 6 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. W. Bruce 4469 Washington</u>					

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.