

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30326

State File No. ....

FILED AUG 31 1953

Registrar's No. **7669**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) <b>9 Days</b>	c. CITY OR TOWN <b>St. Louis, Missouri</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
* STREET ADDRESS		(If rural, give location) <b>3919 Folsom</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GENEDA</b>	b. (Middle) <b>E.</b>	c. (Last) <b>PHELPS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 5, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 18, 1900</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 48 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Glenallen, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Ossig</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Caroline Lutes</b>	14. NAME OF HUSBAND OR WIFE <b>Andrew Phelps</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Andrew Phelps, 3919 Folsom, St. Louis, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General carcinomatosis.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary Site--Cervix.</b> DUE TO (c)		<b>?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>7-29-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma. Hystorectomy done.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>171X</b>
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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?
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22. I hereby certify that I attended the deceased from **7-27-53**, 19\_\_\_, to **8-5-53**, 19\_\_\_, that I last saw the deceased alive on **8-5-53**, 19\_\_\_, and that death occurred at **4:45 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Andrew Phelps</i>	(Degree or title)	23b. ADDRESS <b>4930 Lindell Blvd. St. Louis 8, Mo.</b>	23c. DATE SIGNED <b>8-5-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>August 8, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cold Water Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cold Water, Missouri</b>
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DATE REC'D BY LOCAL HEALTH DEPT. <b>AUG 5 1953</b>	REGISTRAR'S SIGNATURE <i>John C. Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin's</i>	ADDRESS <b>2301 Lafayette, St. Louis, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *James R. Chapman*

Licensed Embalmer No..... *45*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.