FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18450

BIRTH NO. 34405-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4651

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 5242 PALM AVE. 2069

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): EG[illegible]
c. (Last): PHELPS 3rd

4. DATE OF DEATH (Month) (Day) (Year): 5 13 56

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): BABY
8. DATE OF BIRTH: 5-13-56
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 4 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: ELMER PHELPS
13b. MOTHER'S MAIDEN NAME: GERALDINE PHELPS
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: ELMER PHELPS 5242 PALM AVE.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Spon. rupture of membranes

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 761.5
20. AUTOPSY? YES ☐ NO ☐
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-13, 19__, *to* 5-13, 19__, *that I last saw the deceased alive on* 5-13, 19__, *and that death occurred at* 9:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title)
23b. ADDRESS 4105-a Easton
23c. DATE SIGNED 5-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-14-56
24c. NAME OF CEMETERY OR CREMATORY: GREENWOOD
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO.
DATE REC'D BY LOCAL REG.: MAY 14 1956
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. MCCLENDON 4535 WASHINGTON

(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 N

Embalmed Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Heilla

Licensed Embalmer No. 4221

P. O. Address 4107 Fum

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

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