

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!) ---a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN WEBSTER GROVES / MTN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 18 HRS 50		• STREET ADDRESS (If rural, give location) 117 THORNTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b>			b. (Middle) <b>E.</b>		
c. (Last) <b>PHELPS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-10-56</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7-12-1888</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days
IF UNDER 1 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MAIL CARRIER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>COSMO, TENN.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>WILLIAM PHELPS</b>		13b. MOTHER'S MAIDEN NAME <b>SAMANTHA MAC ADOO</b>		14. NAME OF HUSBAND OR WIFE <b>IDA B. PHELPS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-1</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP. RECORDS, 915 N. GRAND ST. LOUIS, MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pulmonary Edema</b>		ANTECEDENT CAUSES			<b>Unknown</b>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Arteriosclerotic Heart Disease and Lymphosarcoma</b>			<b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			<i>O.K. Jackson 5/11/56</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2001</b>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>5-9</b> , 19 <b>56</b> , to <b>5-10</b> , 19 <b>56</b> , that he was found <del>dead</del> <b>dead</b> , and that death occurred at <b>6:40P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>W. K. Fitzpatrick</i> <b>W. K. FITZPATRICK MD</b>		23b. ADDRESS <b>VAH, 915 N. GRAND ST. LOUIS, MO.</b>		23c. DATE SIGNED <b>5-10-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-14-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles Smith</i> <b>Charles Smith MD</b>			
DATE REC'D BY LOCAL REG. <b>MAY 14 1956</b>		REGISTRAR'S SIGNATURE		ADDRESS <b>Lewis Funeral Home 22 Euclid Ave.</b>	

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

**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 A. Carter*

Licensed Embalmer No. 40

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.