

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis Mo. (No. 2308^a, Lemps Ave.)

File No. **T4619**
 Registered No. **4008**
 St. Ward)

2. FULL NAME Harold Phelan

(a) Residence, No. 2308^a Lemps Ave. St. 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 0 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. black 266
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Security Natl Bk.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME James Phelan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

15. MAIDEN NAME Helia Brandon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Helia Phelan 2308^a Cherokee St.

18. BURIAL, CREMATION, OR REMOVAL. PLACE Sunset Burial DATE April 26 - 1932

19. UNDERTAKER Ziegenfuss Bros. (ADDRESS) 1413 Cherokee St.

20. FILED APR 21 1932 Harold Standen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16 1932, to April 23 1932. I last saw him alive on April 21 1932. Death is said to have occurred on the date stated above, at 1:00 A. m.

The principal cause of death and related causes of importance were as follows:

Grandeur pneumonia Date of onset
A. Infection of throat - acute
 Other contributory causes of importance: 107 A
1931
95 P
 (1)

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
 (Signed) R. M. S. Barrett M. D.
 (Address) 4068 Shaw and Oak

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

