

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

41579

PLACE OF DEATH
County St. Louis Registration District No. 1160
Township Centrale Primary Registration District No. 4470
City University City, Mo. 6332 Maple Ave., St. (Ward) 112
5. FULL NAME Margaret Phelan,
(a) Residence, No. 6332 Maple Ave., St. Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Phelan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. About 76
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
13. NAME Richard Power
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT (ADDRESS) Mrs. Frank Truesdell 6332 Maple Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec. 7, 1932
19. UNDERTAKER (ADDRESS) Geo. W. Clark 1125 N.adianmont Ave.
20. FILED Dec. 5, 1932 Geo. D. Mullen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1932
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to Dec 4, 1932
I last saw her alive on Dec 15, 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cardio Renal Disease Date of onset _____
95 B
102
Other contributory causes of importance: _____
Smelly
Name of operation None Date of _____
What test confirmed diagnosis Spec. findings Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19____
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury No
Nature of injury No
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Paul J. Smully, M. D.
(Address) 6125 Bushman

