

APR 25 1935

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

Do not use this space.

15203

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170Township CentralPrimary Registration District No. 6248HCity Richmond Heights(No. St. Mary's Hospital)

File No.

Registered No. 76

St. Ward)

2. FULL NAME

(a) Residence, No. 475 S. Berry Rd. St. 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Phelan6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 19497. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 29OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Ironton OhioMOTHER 13. NAME Thomas Staffney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT J. C. Phelan
(ADDRESS) 475 S. Berry Rd.18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation Ohio DATE 4-2-35 1919. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 N. Kingshighway20. FILED April 1, 1935 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/3522. I HEREBY CERTIFY, That I attended deceased from March 10 1935 to April 4 1935I last saw him alive on April 6 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Ac. Jaundice
Dehydrated
Septic jaundice
leg
Date of onset 3/15/35
3/28

Other contributory causes of importance:

Removal of spleen - many years
increasedName of operation Removal of spleen Date of 3/16What test confirmed diagnosis? Microscopic Was there an autopsy? No

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? No

If so, specify

(Signed) H. A. Gustrich, M. D.(Address) 19 E. Packwood

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.

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