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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26378

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1394

1. PLACE OF DEATH:

(a) County St. Louis County 3

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 7/24/40 (Specify whether
In this community - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4561-A Adelaide Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME Edward F. Phelan 450

3. (b) If veteran, name war Spanish - American 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March (Month) 7 (Day) 1874 (Year)

8. AGE: Years 66 Months 4 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 6

10. Usual occupation P.O. Watchman

11. Industry or business -

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant M Schillig
(b) Address Clinical Clerk, VAF, Jeff.Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director W A Stock
(b) Address 2117 E Grand

19. (a) JUL 27 1940 (Date received local registrar) (b) DR Meyer M D Dr PH (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, year 1940 hour 10:30 minute p. M.

21. I hereby certify that I attended the deceased from July 24, 1940, to July 26, 1940 that I last saw him alive on July 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis, general, with severe cerebral involvement,	
Due to and recent hemiplegia.	unkn.
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy No autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? 707 (Specify type of place) (e) Means of injury

23. Signature C.W.HUGHES, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed

(Licensed Embalmer's Statement on Reverse Side)

W. A. Stock Undertaking Co.

Address 2117 E. Grand

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name Edward F. Phelan Race White

Place and date of death Veterans Hospital 7/27/40

Physician (or C ner) signing Certificate

Place and date of Embalming W. A. Stock Und. Co. 7/27/40

Remarks

Signed Frank A. Moore Missouri License No. 3041

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.