

S. No. 2
M-2-43
5-17-39
I X35967

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.

36792
10032

Registrar's No.

FILED NOV 29 1943

Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Phelan

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeremiah Phelan 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased October 8 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 8 hr. min.

9. Birthplace Carrollton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Wm. Keoughan
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Julia Buggy
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Misegades

(b) Address 4256 Maryland Ave.

17. (a) Removal (b) Date thereof 11-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 16 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2416 Longfellow
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1943 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 12, 1943, to Nov. 16, 1943
that I last saw h. alive on 11-15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of hip

Due to 11/16/43

Due to 11/16/43

Other conditions Myocarditis
(Include pregnancy, within 3 months of death)

Major findings:
Of operations
Of 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) Overhead 5096
(b) Date of occurrence July 12, 1943
(c) Where did injury occur? St. Louis County
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home (Specify type of place)
While at work? (e) Means of injury Slipped
Signature Dr. J. F. [Signature] (M. D. or other) MD
Address 6651 [Signature] Date signed 11/16/43

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. *3298*

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.