

FILED FEB 4 1948

State File No. _____

1003

931

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
4470 Elmbank Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward T. Phelan

3. (b) If veteran, name war _____
 3. (c) Social Security No. 311-10-8441

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Katherine Wilson Phelan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 23, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman Shoe Factory

11. Industry or business _____

12. Name Thomas Phelan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Gaffney

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: John Phelan

(b) Address 4470 Elmbank Ave.

17. (a) Burial (b) Date thereof 2-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati, Ohio

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Bl.

19. (a) JAN 30 1948 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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. 4470 Elmbank Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29, year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 29, 1943 to Jan 29, 1944 that I last saw him im alive on Jan 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Myocarditis
 Duration 6-29-43
6-29-43

Other conditions 131
(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) _____
 (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? _____
(Specify type of place) (Means of injury)

23. Signature [Signature] M. D. or other _____
 Address 3802 N. Grand St. Date signed 1-29-44

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

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.....

Sheldon Collier

Licensed Embalmer No.....

3382

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.