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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31344

Primary Registration District No. 1003

Registrar's No. 8343

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

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. 2617 Minnesota Ave., (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Edmond J. Phelan

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha M. Phelan

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 4, 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Policeman

11. Industry or business

FATHER 12. Name Tom Phelan

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

MOTHER 14. Maiden name Elizabeth Dwyer

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

16. (a) Informant Mrs. Martha M. Phelan

(b) Address 2617 Minnesota Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand St. Louis, Mo.

19. (a) SEP 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd year 1948 hour 9 minute 25 A M.

21. I hereby certify that I attended the deceased from September 21, 1948, to Sept. 22, 1948, that I last saw him alive on Sept. 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Infarction	24 hr.
Due to Coronary Thrombosis	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Some

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Eugene V. Kruschel (M. D. or other) M.D.

Address 6208 Hoffman Av Date signed 9/23/48

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Bentley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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.