

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.															
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 1144 Hamilton Ave		Mri 17 9 D													
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				3. NAME OF DECEASED a. (First) Elizabeth				b. (Middle) C.													
				c. (Last) Phelan		4. DATE OF DEATH February 13 1949															
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH October 13 1871		9. AGE (In years last birthday) 77													
						IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Days 0													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U employed				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Cincinnati Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.											
13a. FATHER'S NAME Anthony Phelan				13b. MOTHER'S MAIDEN NAME Bridget Kennedy				14. NAME OF HUSBAND OR WIFE													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Marie Downey													
								ADDRESS 1144 Hamilton Ave													
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.										MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis										DUE TO (b) Arterio-Sclerosis										1 year	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										DUE TO (c)										5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										acute Bronchitis 12/22										2 weeks	
19a. DATE OF OPERATION none				19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)													
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?													
22. I hereby certify that I attended the deceased from Feb 6 th 1949, to Feb 13 th 1949, that I last saw the deceased alive on Feb 13 th 1949, and that death occurred at 5:05 P.m., from the causes and on the date stated above.																					
23a. SIGNATURE J. Gallagher				(Degree or title) M.D.				23b. ADDRESS 3903 Olive				23c. DATE SIGNED 2/14/49									
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Feb 16 1949				24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis Mo									
DATE RECD BY LOCAL REG. FEB 15 1949				REGISTRAR'S SIGNATURE J. B. Laster				25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz				ADDRESS 4828 Nat Bridge Blvd									

FEB 15 1949

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1-5-1920
me 1608

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John A. Miller

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4186

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.