

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 19 1950

State File No. 25160

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		Registrar's No. 5692	
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 town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights 4495		d. STREET ADDRESS (If rural, give location) 1053 Terrace Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital							
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) Charles		c. (Last) Phelan	
4. DATE OF DEATH (Month) (Day) (Year) June 29, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1880 Dec. 30, 1879-		9. AGE (In years last birthday) 70 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Broker		11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Phelan		13b. MOTHER'S MAIDEN NAME Delia Gaffney		14. NAME OF HUSBAND OR WIFE Angela Flagg Phelan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 490-03-6900		17. INFORMANT'S SIGNATURE OR NAME Mrs. Angela Flagg Phelan			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>Myocardial infarction, acute</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean mode of dying, such as head falling, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? A201			
22. I hereby certify that I attended the deceased from 12/20, 1949, to 6/30, 1950, that I last saw the deceased alive on 6/29, 1950, and that death occurred at 7:20 P.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert Dastnick M.D.				23b. ADDRESS 508 N. GRAND AVE.		23c. DATE SIGNED 6/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.	
DATE REC'D BY LOCAL REG. JUN 30 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Robert & Co. 1905 So. Grand Blvd.			

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*J. Allen Davis Jr.*

Licensed Embalmer No. *4053*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. 25160  
Local Registrar's No. 5692

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_, who, upon \_\_\_\_\_ path, states that the original record of birth death for John Charles Phelan died ~~born~~ 6-29-50, 19\_\_\_\_, in the State of Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read 12-30-1880

Instead of \_\_\_\_\_ 12-30-1879

Item No. 9 should read Age 69

Instead of \_\_\_\_\_ Age 70

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Angela Phelan Wife  
Relationship.

x 4 Huntleigh Woods Kirkwood 22  
Present Address. 7400

Subscribed and sworn to before me this 17 day of July, 1945

My Commission expires 3-4-53 Earl C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.