

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 18470
5040

FILED JUN 15 1951

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 4 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS 6706a Idaho			
3. NAME OF DECEASED (Type or Print) a. (First) Evert		b. (Middle) B		c. (Last) Phelan		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 2, 1910		9. AGE (in years last birthday) 41	# UNDER 1 YEAR Months _____	# UNDER 6 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Phelan		13b. MOTHER'S MAIDEN NAME Delia Brandon		14. NAME OF HUSBAND OR WIFE Marie 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 # 488-09-1383		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Phelan 6706a Idaho			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial endocarditis 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. meningitis				INTERVAL BETWEEN ONSET AND DEATH 26 days 24 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 14300			
22. I hereby certify that I attended the deceased from 3 May, 1951 , to 29 May, 1951 , that I last saw the deceased alive on May 29, 1951 , and that death occurred at 8:00 P m., from the causes and on the date stated above.							
23a. SIGNATURE Edward W. Gebinski MD (Degree or title)				23b. ADDRESS 3701 Grand St		23c. DATE SIGNED 5/31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/51	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Afton, Mo.		
DATE REC'D BY LOCAL REG. MAY 31 1951		REGISTRAR'S SIGNATURE J B Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois			

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 W.G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.