

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3199

FILED JAN 26 1952

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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 Missouri			
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) St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 5944 Plymouth Ave.,			
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First) T.		b. (Middle) PHELAN.		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1952.		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 11, 1911.		9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice & Coal Business		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Cornelius Phelan		13b. MOTHER'S MAIDEN NAME Margaret Ellen Ryan.		14. NAME OF HUSBAND OR WIFE Elizabeth Phelan wife			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Phelan 5944 Plymouth 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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>External laceration following stab wound of chest, suffered when deceased was accidentally stabbed with knife in hands of same Joe Phelan, son of the</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
		II. OTHER SIGNIFICANT CONDITIONS <i>deceased in scuffle in room of same at 5944 Plymouth</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Acc. about 5:30 pm Jan 14, 1952. Accident</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Home</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St. Louis Mo. MO</i>			
21d. TIME OF INJURY <i>Jan 14 52 5:30 pm</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E 9130 20</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:20 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Patrick E. Taylor</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>1-15-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 17, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem.,</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>JAN 16 1952</i>		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Joe W. Clark 1125 Hodiamont Ave.,</i>			

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

City Coroner

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

Robert M. Murray

Licensed Embalmer No. *3749*

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.