

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7843**  
Registrar's No. **1459**

FILED FEB 26 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bellefontaine Neighbors</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1111 Dunford Rd. 4020</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Jeremiah</b>	b. (Middle) <b>Phelan</b>	c. (Last)	(Month) (Day) (Year) <b>Feb. 4, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Oct. 24, 1861</b>
9. AGE (In years last birthday) <b>91</b>		10. MONTHS <b>4</b>	11. HOURS <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ireland</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Misegades, 1111 Dunford Rd.</b>
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) <b>Arterio-sclerotic Cardio-vascular Disease</b> <b>Senility</b> 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. <b>None</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4221</b>		22. I hereby certify that I attended the deceased from <b>1-30, 1953</b> , to <b>2-4, 1953</b> , that I last saw the deceased alive on <b>2-4, 1953</b> , and that death occurred at <b>8:15a</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>John J. Kaminowski M.D.</b>		23b. ADDRESS <b>634 N. Grand.</b>	
23c. DATE SIGNED <b>2/5/53</b>		24a. BURYAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>2-7-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carrollton, Ill.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington Blvd</b>	
DATE REC'D BY LOCAL REG. <b>FEB 6 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John W. Wilkinson

Licensed Embalmer No. 3575

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.