

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1957

29885

STATE FILE NUMBER 7419

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7419

|  |  |  |  |  |   |  |  |  |  |
|--|--|--|--|--|---|--|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY _____  |  |  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                |   |  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <u>Hanley Hills</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>DePaul Hospt.</u>  |  |  | Length of stay in 1b _____   |  | d. STREET ADDRESS (If outside, give location)<br><u>27</u> <u>2025 Raft Dr.</u> |  | Reside on Form<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                               |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print)<br>First <u>Cornelius</u> Middle <u>J</u> Last <u>Phelan</u>  |  |  |  | <b>4. DATE OF DEATH</b><br>Month <u>8</u> Day <u>7</u> Year <u>57</u>  |   |  |  |  |  |
| <b>5. SEX</b><br><u>Male</u>   |  | <b>6. COLOR OR RACE</b><br><u>White</u>  |  | <b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | <b>8. DATE OF BIRTH</b><br><u>12-2-1907</u>  |  | <b>9. AGE</b> (In years last birthday) <u>49</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HRS.: Hours _____ Min. _____ |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Truck Driver</u>  |  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br>_____  |  | <b>11. BIRTHPLACE</b> (City and state or country)<br><u>St. Louis, Missouri</u> |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u>  |  |  |
| <b>13. FATHER'S NAME</b><br><u>Cornelius J. Phelan</u>   |  |  |  | <b>14. MOTHER'S MAIDEN NAME</b><br><u>Margaret Ryan</u>  |   |  |  |  |  |
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b><br>(Yes, no, or unknown) <u>No</u>   |  |  | <b>16. SOCIAL SECURITY NO.</b><br><u>Unk</u>   |  | <b>17. INFORMANT</b> Address<br><u>Connie Phelan 2025 Raft Dr.</u>              |  |  |  |  |
| <b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinomatosis, general</u><br>DUE TO (b) <u>Adeno-sarcoma, left lung.</u><br>DUE TO (c) _____                                  |  |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 months</u>  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |  |  |  |   |  | <u>163X</u>  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____  |  |  |  |  |   |  | <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |
| <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>   |  |  | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)    |  |   |  |  |  |  |
| <b>20c. TIME OF INJURY.</b> Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |  |  | <b>20d. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ |  |   |  |  |  |  |
| <b>20e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>   |  |  | <b>20f. CITY, TOWN, OR LOCATION</b> _____  |  | <b>COUNTY</b> _____   |  | <b>STATE</b> _____   |  |  |
| <b>21. I attended the deceased from</b> <u>September 1955</u> to <u>August 7, 1957</u> and last saw <sup>her</sup> him alive on <u>Aug. 7, 1957</u><br>Death occurred at <u>12:45pm</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |  |   |  |  |  |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><u>John T. Lawton, M.D.</u>   |  |  |  |  | <b>22b. ADDRESS</b><br><u>634 N. Grand Blvd.</u>                                |  | <b>22c. DATE SIGNED</b><br><u>August 8, 1957</u>   |  |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>  |  | <b>23b. DATE</b><br><u>8-10-57</u>   |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><u>Calvary Cemetery</u>   |   | <b>23d. LOCATION</b> (City, town, or county)<br><u>St. Louis, Mo.</u>                |  | (State) _____  |  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><u>J.W. Clark F.H. 1125 Hodiamont</u>   |  |  |  | <b>25. DATE RECD. BY LOCAL REG.</b><br><u>AUG 8 '57</u>  |   | <b>26. REGISTRAR'S SIGNATURE</b><br><u>Earl Smith MO</u>                             |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

Dec 1 - 6849  
D. J. P.

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.....  
Signature of Student Embalmer

Signed.....  
*Alfred J. Boe*

Licensed Embalmer No. ....

P. O. Address..... 112511

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.