THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003379
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 877

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION # 18 So.KingsHighway Blvd. Life — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS #18 So.Kingshighway Blvd. (If outside, give location) — Reside on Farm ☐ No ☐

3. NAME OF DECEASED (Type or print) — First: William Middle: J. Last: Phelan
4. DATE OF DEATH Month: Jan. Day: 24 Year: 1959
5. SEX M.
6. COLOR OR RACE W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 4, 1887
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Chairman- Phelan-Faust Paint Mfg. Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frank W.Phelan
14. MOTHER'S MAIDEN NAME Mary T.Walsh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Address: Mr.William J.Phelan Jr., 932 Loughborough

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) uremia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) glomero-nephritis - cardio-vascular — INTERVAL: Several years
DUE TO (c) renal disease - arterio. sclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 442X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 6th 1957 to Jan. 24-59 and last saw her/him alive on Jan 24-59
Death occurred at 2:10 pm. m on the date stated above; and to the best of my knowledge, from the causes stated
22a. SIGNATURE Thomas C. Bradell (Degree or title) MD
22b. ADDRESS 4660 Maryland Ave
22c. DATE SIGNED 1/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan.27,1959
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St.Louis, Missouri (State)
24. FUNERAL DIRECTOR Arthur J. Donnell — ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. JAN 26 '59
26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4

P. O. Address 3840 L

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.