MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7209 STATE FILE NUMBER -61-027220

AMENDED

FILED AUG 14 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 36 hrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2006 Lafayette — Inside Limits: Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First Henrietta Middle Casandra Last Phelan
4. DATE OF DEATH: Month Aug Day 2 Year 1961
5. SEX: f.
6. COLOR OR RACE: w.
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: July 9. 1880
9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Catawissa Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: not Known
13b. MOTHER'S MAIDEN NAME: not Known
14. NAME OF HUSBAND OR WIFE: John Phelan (deceased)
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.: none
17. INFORMANT: Samuel Breazeale Address: St. Louis.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cor. arteriosclerotic Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): —
DUE TO (c): 420.0

OK. Paul J. Simon Dep Coroner 8/4/61

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): —

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 1st Aug 61, to 2 Aug 61 and last saw her live on 1 Aug 61
Death occurred at Home 2 Aug 61 6A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Cleary M.D.
22b. ADDRESS: 1935 Park
22c. DATE SIGNED: 2 Aug 61

23a. BURIAL, CREMATION, REMOVAL (Specify): —
23b. DATE: Aug 4 '61
23c. NAME OF CEMETERY OR CREMATORY: Allen Cemetery
23d. LOCATION (City, town, or county) (State): Allenton Mo.

24. FUNERAL DIRECTOR: Mrs. John L. Thieber — ADDRESS: Pacific Mo.
25. DATE RECD. BY LOCAL REG.: AUG 3 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

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 Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.