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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17663

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18785

Registration District No. 1003 Primary Registration District No. Registrar's No. 4759

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1716 A S. 12th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1716 A S. 12th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME SARAH AGNES PHELAN
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOW
6. (b) Name of husband or wife DENNIS PHELAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT (Month) 2 (Day) 1867 (Year)
8. AGE: Years 78 Months 8 Days 24 If less than one day hr. min.
9. Birthplace PACIFIC (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN
FATHER 12. Name THOMAS MANGAN
FATHER 13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY JANE UNKNOWN
MOTHER 15. Birthplace INDIANA (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Martha Phelan
(b) Address 1716 S. 12th St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 29-46 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director E. J. Schnurr
(b) Address 3125 Lafayette Av.
19. (a) MAY 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1946 hour 3 minute 30 p.m.
21. I hereby certify that I attended the deceased from 7-16, 1936, to May 26, 1946, that I last saw her alive on May 24, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis c marked ascites — Duration: several years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 3804 Wilmington Ave Date signed 5/27/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jos B Wollmer

Licensed Embalmer No. 4614

P. O. Address St Louis 24 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.