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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **363**

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
5321 Bartmer Avenue
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **5321 Bartmer Ave.**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Anthony Francis Phelan**
(b) If veteran, name war **World War 1**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **10**
year **1947** hour **7** minute _____ P. M.
21. I hereby certify that I attended the deceased from **7-10**
19 **46** to **Jan. 10,** 19 **47**
that I last saw him alive on **January 10,** 19 **47**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **March 23, 1895**

Immediate cause of death: **Generalized carcinomatous**
Due to **Sarcoma of testicle**
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: **no autopsy**

8. AGE: Years Months Days If less than one day
51 **9** **17** hr. _____ min.

Duration **1 year.**
15 years ago.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace: **St. Louis, Mo.**

10. Usual occupation: **Broker**

11. Industry or business: **Real Estate**

12. Name: **Anthony Bischoff**

13. Birthplace: **St. Louis, Mo.**

14. Maiden name: **Emma Saxy**

15. Birthplace: **St. Louis, Mo.**

16. (a) Informant: **Dr. Emma Phelan**

(b) Address: **5321 Bartmer Ave.**

17. (a) **Burial** (b) Date thereof: **1/11/47**

(c) Place: burial or cremation: **Oak Grove Cemetery**

18. (a) Signature of funeral director: **Robert J. Ambruster, Inc.**

(b) Address: **Clayton 941 at Concordia Lane**

19. (a) **JAN 13 1947** (b) **J. F. Bredek**

(c) Registrar's signature

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

23. Signature: **Chas. Miller**

Address: **Arcade Bldg.** Date signed: **1/11/47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*.....

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.