

Registration District No. 318 Primary Registration District No. 1003

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:
St. Lukes Hospital
(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)

3. (a) PRINT FULL NAME Thomas Phegley
3. (b) If veteran, name war..... No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Widower
6. (b) Name of husband or wife.....
Elizabeth Phegley
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... August 10 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 13 hr. min.

9. Birthplace Modoc Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name William Phegley
13. Birthplace Frankfort Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Mudd
15. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant J.A. Phegley
(b) Address 327 N. Taylor

17. (a) Removal (b) Date thereof 9-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Red Bud, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 24 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Randolph
(c) City or town..... Modoc
(If outside city or town limits, write "RURAL")
(d) Street No. N.R (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1947 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from
8-17 1947, to 9-23 1947,
that I last saw him alive on 9-23 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carbuncle Bladder
Ductectomia Bladder
Cystitis
Due to.....
Due to.....
Hepatic - Uremia
Ch. Myocarditis - Anterior
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
52
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).....
(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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature J.H. Sanford (M. D. Sanford)
Address 3720 Washington Date signed 9/24/47

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

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 Ernest W. Spillard
Licensed Embalmer No. 14080
P. O. Address.....

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.