

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26453

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6827**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 2835a McNair Ave.	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle JOSEPH Last PHELAN		4. DATE OF DEATH Month JULY Day 21 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 4, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Superior Laundry Co.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown Phelan		14. MOTHER'S MAIDEN NAME Unknown Bird	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-05-4040	
17. INFORMANT Helen Phelan		Address 2835a McNair Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBPHRENIC ABSCESS ORGANISM Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 576x DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ARTERIOSCLEROTIC HEART DISEASE & PULMONARY EMPHYSEMA YRS.			INTERVAL BETWEEN ONSET AND DEATH 1 MO.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 JULY 6, 1957 to JULY 21, 1957 and last saw her alive on JULY 21, 1957 Death occurred at 11:40 A.M. m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE F. R. Bradley (Degree or title) F. R. Bradley M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 7/21/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 24, 1957	
23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		23d. LOCATION (City, town, or county) ST. LOUIS CO., MO.	
24. FUNERAL DIRECTOR ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY		25. DATE RECD. BY LOCAL REG. JUL 22 57	
26. REGISTRAR'S SIGNATURE J. Carl Smith			

STATEMENT BY LICENSED EMBALMER

STATEMENT

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 *Richard W. Storma*

Licensed Embalmer No. *40*

P. O. Address

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.