

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013706

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3485** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 8 1963**

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** Length of stay in 1b **DOA** c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lutheran Hospital** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **4684 Primm** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **DANNY** Middle **E** Last **PHELAN** 4. DATE OF DEATH Month **March** Day **26** Year **1963**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **11/26/1952** 9. AGE (last birthday) **10** 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) **at home** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Eugene Phelan** 13b. MOTHER'S MAIDEN NAME **Glenda Landis** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **no** 16. SOCIAL SECURITY NO. 17. INFORMANT **Eugene Phelan** Address: **4684 Primm**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Koban Pneumonia, lower left and right lobes.** DUE TO (b) **490+** DUE TO (c) **490+** Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_. Death occurred at **5:45 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph M. Jones, Deputy Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **3-26-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **3/28/1963** 23c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **John L Ziegenhein & Sons 7027 Gravois** 25. DATE RECD. BY LOCAL REG. **MAR 26 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

USE BLACK INK OR OR TYPEWRITER RIBBON

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**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 Donald E. Benz

Licensed Embalmer No. 4863

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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