MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-022718
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1555

FILED MAY 27 1963

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 203 W. Jewel Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle JOHN Last PHELAN
4. DATE OF DEATH: Month May Day 12 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-27-26
9. AGE (last birthday): 36
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): Art Instructor
10b. KIND OF BUSINESS OR INDUSTRY: Public School System
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Dennis Phelan
13b. MOTHER'S MAIDEN NAME: Mary Davison
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of): W.W.2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dennis Phelan Address: 203 W. Jewel, Kirkwood, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple traumatic injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
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.): One car accident - driver
20c. TIME OF INJURY: Hour 1:50 a.m. ~~p.m.~~ Month, Day, Year 5/12/63
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.): highway
20f. CITY, TOWN, OR LOCATION: COUNTY St. Louis STATE Missouri
21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at DOA Co. Hosp. 2:19 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Raymond Hardy (Degree or title): Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 5/17/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/14/63
23c. NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood, Mo.
24. FUNERAL DIRECTOR: Louis H. Bopp, Inc. ADDRESS: Kirkwood, Mo.
25. DATE RECD. BY LOCAL REG.: 5-13-63
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4002		
2	4003		
3	2		
4	0		
5	0		
6			
7	0		
8	2		
9	X		
10			
11	400.		
12	92-3		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Richwood, 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.