

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

30218

791  
1003

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. City Hosp)

File No.....  
Registered No. 9886  
St..... Ward.....

9364

**2. FULL NAME**

Howard Van Pelt

(a) Residence No. 4429 Shalogen 16 Ward.

Length of residence in city or town where death occurred / yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 27-1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

13. NAME Howard Van Pelt

14. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Ebert

16. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

17. INFORMANT Hospital Information  
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington U DATE 9-3-1931

19. UNDERTAKER Walter Richter  
(ADDRESS) 3500 Rutger St

20. FILED ?? 1931 W. H. Harker  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1931 to Aug. 28, 1931.  
I last saw h. ent alive on Aug. 28, 1931. Death is said to have occurred on the date stated above, at 12:40 P.M.  
The principal cause of death and related causes of importance were as follows:

Atelectasis: left  
W. Lung  
Other contributory causes of importance:  
161 W

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Perone Armer, M. D.  
(Signed) City Hospital  
(Address)

Van Pelt