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

Do not use this space.

17629

File No. 4559

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 7901

Township ..... Primary Registration District No. 1008

City St. Louis, Mo. (No. 307, S. Euclid (St. Johns Hospital) St. ..... Ward)

2. FULL NAME Herman B. Pelke, Sr.

(a) Residence, No. 3430 Crittenden St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Pelke (nee Recke)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary 108

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate 97

10. Date deceased last worked at this occupation (month and year) April, 1952

11. Total time (years) spent in this occupation 20 yrs.

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

FATHER

13. NAME Frank Pelke

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

MOTHER

15. MAIDEN NAME Bertha Twillman

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

17. INFORMANT Mrs. Ella Pelke
(ADDRESS) 3430 Crittenden

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem Cemetery DATE May 11, 1932

19. UNDERTAKER Reidmiller Funeral Home, Inc.
(ADDRESS) 1936 Schoenia Ave

20. FILED MAY 10 1932 Mary E. Farrell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to May 8, 1932

I last saw him alive on May 8, 1932. Death is said to have occurred on the date stated above, at 11:30 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Myocarditis & right sided Hilar Lung follow by amputation non diabetic	

Other contributory causes of importance: Lobar pneumonia both lungs

Name of operation amputation Date of May 5-32

What test confirmed diagnosis? ..... 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

(Signed) John Gurson, M. D.

(Address) 935 Arcade Bldg

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.