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

Do not use this space.

30766

1. PLACE OF DEATH SEP 13 1934

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. De Paul Hospital St. ..... Ward)

File No.....

Registered No. 8023

2. FULL NAME Mary A. Van Pelt

(a) Residence, No. 5307 Devonshire St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm E. Van Pelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1875

7. AGE YEARS 58 MONTHS 11 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER

13. NAME Martin J. Collins

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

MOTHER

15. MAIDEN NAME Mary Tracy

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

17. INFORMANT Wm E. Van Pelt
(ADDRESS) 5307 Devonshire

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Aug 6 1934

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 Kingshighway

20. FILED AUG 4 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17 1934, to Aug 3 1934, I last saw h. alive on Aug 3 1934. Death is said to have occurred on the date stated above, at 9:25 P m.

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

	Date of onset
47B	
Carcinoma upper left lobe of lung	Feb 1934

Other contributory causes of importance:

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.....

(Signed) Joseph R. Trumpe M. D.

(Address) 3701 Lindell Blvd

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.

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

16SM-11-24-33

Dr. [illegible]
3701 Westminster