

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

Do not use this space.

FEB 28 1935

791

7144

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.
 City St. Louis (No. St. John's Hospital) St. Ward)

File No.....

Registered No. 1557

2. FULL NAME

Luke Herman Pelikan

(a) Residence, No. 4663 Edinburg St., 10 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lyda Pelikan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	31	9	29	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Finisher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Motors
 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) Rolla, Mo.

FATHER 13. NAME Joe Pelikan

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

MOTHER 15. MAIDEN NAME Mary Hodge

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

17. INFORMANT (ADDRESS) Mrs. Lyda Pelikan, 4663 Edinburg

18. BURIAL, CREMATION, OR REMOVAL PLACE David Cemetery, Rolla, Mo. DATE Feb. 16, 1935

19. UNDERTAKER (ADDRESS) Mrs. M. Schumacher, 4534 North Bridge

20. FILED FEB 15 1935 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1935, to Feb. 14, 1935

I last saw him alive on Feb. 19, 1935 Death is said to have occurred on the date stated above, at 3 A. m.

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

Reber Pneumonia

Date of onset: 2/9/35

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Other contributory causes of importance.....

Name of operation..... Date of.....

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? No If so, specify.....

(Signed) Dr. M. D. Mattede, M. D.

(Address) 4030 Chestnut Ave.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

