JAN 10 '53

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

791
1003

Do not use this space.

46305

1. PLACE OF DEATH

County..... Registration District No. 1003

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

City St. Louis Mo. (No. Alexian Bros Hospital St. ..... Ward)

File No. 12091

Registered No.

2. FULL NAME William H. Pell

(a) Residence, No. 5203a Virginia St., 15 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	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 Dottie Pell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18th, 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	10	20	

OCCUPATION

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

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

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) St. Louis Mo

FATHER

13. NAME Jessie Pell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducka Ky.

MOTHER

15. MAIDEN NAME Mary Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducka Ky.

17. INFORMANT Dottie Pell
(ADDRESS) 5203a Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE Dec. 10, 1936

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED DEC 9 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:15 P.M.

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

	Date of onset
Acute Coronary Artery	
Infarct, Thrombosis	

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Alfred G. Perry M. D.

(Address) Deputy Coroner

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.