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.

JUN 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County ST. LOUIS ~~MO.~~ Registration District No. 790 File No. 21330
Township Clayton Primary Registration District No. 6033a Registered No. 173
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME ARTHUR PELLET
(a) Residence, No. 3626 Paule Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Edna Pellet
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 19 1883
7. AGE: YEARS 53 MONTHS 11 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book kepper
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) (STATE OR COUNTRY): St. Louis Mo.

FATHER
13. NAME: John Pellet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franze

MOTHER
15. MAIDEN NAME: Marie Serry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franze

17. INFORMANT (ADDRESS): Edna Pellet 3626 paule ave,
18. BURIAL, CREMATION, OR REMOVAL PLACE: Park Lawn DATE: May. 11 1937
19. UNDERTAKER (ADDRESS): Fendler und. Co. 744 Lemay Ferry Rd.
20. FILED: 5/11 1937 Dr A J Figuorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8 1937
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 10:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
auto accident. Struck by automobile while pedestrian on public highway.	5/8/37
Other contributory causes of importance: Rupture of liver	5/8/37
Rupture of carotid artery	

Name of operation — Date of —
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/8, 1937
Where did injury occur? Lemay, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by auto
Nature of injury Ruptured liver

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner, St. Louis Co.