

Registration District No. 791

Primary Registration District 1003

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4537 POPE ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Raymond T. Pelley, (1157)

8. (b) If veteran, name war _____
8. (c) Social Security No. 792-09-7511

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy
6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased July 21st, 1919
(Month) (Day) (Year)

8. AGE: Years 26 Months 0 Days 3
If less than one day hr. _____ min.

9. Birthplace Carbondale, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman,

11. Industry or business National Art Bronze Co.

12. Name Patrick Pelley
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ida Dillow
15. Birthplace Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daisy Pelley,
(b) Address 1951a Montgomery Street.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 7-27-1940
(Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director My Leadman Mnd Co
(b) Address 2223 St. Louis Ave.,

19. (a) JUL 25 1940
(Date received local registrar) (b) J. F. Brederick
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis, Montgomery St. 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1951a Montgomery St.
(If rural, give location)

20. DATE OF DEATH: Month July day 24
year 1940 hour 19 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart attack
Due to Indigestion
Due to 191
Other conditions: 191
(Include pregnancy within 3 months of death)
Major findings: HO
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 11
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work: _____ (Specify type of place)
(c) Means of injury 191
23. Signature Joan M. Quinn (M.D. or other)
Address Deputy Coroner Date signed 7/25/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *16740*

P. O. Address *2223 St. Louis Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.