No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30458

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7797

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether

In this community 31 Years 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15 17 9

(d) Street No. 5203 a Virginia Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William H. Pell Jr.

3. (b) If veteran, name war

3. (c) Social Security No. 494-07-1654

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June (Month) 17 (Day) 1910 (Year)

8. AGE: Years 31 Months 3 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation S.A. Plant

11. Industry or business Goodfellow & Bircher

FATHER
12. Name William H. Pell Sr
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Adeliade Hartmann
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Margaret Pell

(b) Address 5203 a Virginia Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Wicker Helderle Mrs & Fer Co

(b) Address 3634 Gravois Ave.

19. (a) SEP 29 1941 (Date received local registrar) (b) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1941 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from 9-13-41, 19, to 9-26-41, 19; that I last saw him alive on 9-26-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Suppurative

Due to Appendicitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Appendectomy & drainage on 9-13-41

Of autopsy

Duration 5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 4065 So Grand Date signed 9/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.