

FILED MAY 7 1942
Registration District No. 791

Primary Registration District No. 1000

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

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: Christian Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 12
(d) Street No. 4426 Harris Ave.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A? () years.

3. (a) PRINT FULL NAME Corinne E. Pelley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph F. Pelley 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Sept. 14. 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William J. Carroll
13. Birthplace Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Siely
15. Birthplace Missouri O
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph F. Pelley
(b) Address 4426 Harris Ave.

17. (a) Burial (b) Date thereof 4/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calyary

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.

19. (a) AND 22 1942 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from 7861-42
to APRIL 21, 1942
that I last saw her alive on APR. 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Uremia
Due to Chronic Cardio-Vascular Disease
Due to Renal Disease

Other conditions 131 a
(Include pregnancy within 3 months of death)
Major findings: Of operations 131
Of autopsy 131

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?
While at work? _____ (Specify type of place) (e) Means of injury O
23. Signature F. J. Mueller (M. D. or other) M. D.
Address 4114 W. West Fl. Missouri Date signed 4/21/42

Duration

10 days

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: *Frank C. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Main*

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, fact should be so stated above.