

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1471

96
83
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 1042 Marshall Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Gertrude Van Pelt

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 William E. Van Pelt

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July 9th 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>11</u>	<u>27</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER {

12. Name Frank Gralike

13. Birthplace Springfield Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Klein

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Van Pelt Jr.

(b) Address 1042 Marshall Ave.

17. (a) Burial (b) Date thereof 7-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 7-1942 (b) C. J. Mc Lavin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1942 hour 1:25 minute..... P.A.M.

21. I hereby certify that I attended the deceased from 7-5-42
....., 19....., to 7-6-42, 19.....
that I last saw her alive on 7-6-42, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy Obs. Pericardial Effusion
Sp. an. mural thrombi in heart
myocardial infarction

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?.....

23. Signature Carl G. Strick (M. D. or other) MD
Address Webster Groves, Mo. Date signed 7-7-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. Truck
648a E. Big Bend
Fee 2960
8-9-61-230

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 Edwin M. Permutt
Licensed Embalmer No. 3024
P. O. Address.....

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.