

FILED AUG 14 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6692

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: Park Lane Memorial 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 Missouri (b) County St. Louis

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

(d) Street No. 1427 Goodfellow
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Pellarin

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7,
year 1942 hour 12:45 minute..... P.M.

21. I hereby certify that I attended the deceased from 4/26/42
19..... to 8/7/42 19.....
that I last saw him alive on 8/7/42 19.....
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Liberty 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. 27 1882
(Month) (Day) (Year)

Immediate cause of death
Chr. Myocardial Degeneration 3 yrs.
Chr. Nephritis
Due to arterio sclerosis

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

59 8 10 hr. min.

9. Birthplace Sequales Udine
(City, town, or county) (State or foreign country)

10. Usual occupation Terrazzo Contractor

11. Industry or business.....

12. Name Joseph Pellarin

13. Birthplace Sequales Udine
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mazzoli

15. Birthplace Sequales Udine
(City, town, or county) (State or foreign country)

16. (a) Informant John Liberty Pellarin
(b) Address 1427 Goodfellow

17. (a) burial (b) Date thereof Aug. 10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Michelson
(b) Address 1150 N. Kingshighway Blvd.

19. (a) AUG 8 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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.....

23. Signature G. William Orth M.D.
Address 5101 Delmar Bl. Date signed 8/7/42

000
11
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

000
6-17
6-9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 10 1943

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 Arnold W. Schreiner
Licensed Embalmer No. 3864
P. O. Address St. Louis, Mo.

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.