

FILED MAY 12 1948
Registration District No. 018

Primary Registration District No. 1003

Registrar's No. 4103

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:
1408a Bremen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 53 yrs. (Specify whether 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")
(d) Street No. 1408a Bremen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William R. Pellom

3. (b) If veteran, name war No 3. (c) Social Security No. 490-01-6486

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etta Pellom 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 24 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 11 6 hr. min.

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

10. Usual occupation Painter
11. Industry or business Painting Co.

MOTHER FATHER
12. Name Unknown Pellom
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Susie Roberts
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Etta Pellom
(b) Address 1408a Bremen
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-48
(Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director W. J. Budeck
(b) Address 3934 N. 20th
MAY 3 1948
19. (a) Date received local registry (b) Registrar's signature J. F. Budeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1948 hour 12 minute 00 A. 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.....
Coronary sclerosis
Arteriosclerosis
Due to.....
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.

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) (c) Means of injury 3
Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 5-3-48

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.....

Alfred J. Boedeker

Licensed Embalmer No.....

5934 Alpha

P. O. Address.....

5934 Alpha

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.