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S. No. 2  
BOM-2-43  
5-17-39  
PI X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33419

State File No. ....

FILED NOV 1 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9365

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(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)

3. (a) PRINT FULL NAME George Pellom

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

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

6. (b) Name of husband or wife Mary Pellom nee Stachel 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 20, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 10 2 .hr. .min.

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

10. Usual occupation Maintenance man

11. Industry or business City Hall

MOTHER FATHER { 12. Name John Pellom  
13. Birthplace Unknown Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Lydia Barnhardt  
15. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Pellom  
(b) Address 5279a Plover Ave

17. (a) Burial (b) Date thereof 10/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 25 1943 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 97  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5279a Plover Ave  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22,  
year 1943 hour 4:40 minute P. M.

21. I hereby certify that I attended the deceased from October  
21, 1943 October 22, 1943  
that I last saw him alive on October 22, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Urinary retention

Due to Hypertrophy of prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Hypertrophy of prostate

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 Gray Parker (M. D. or other) u.s.  
Address 1515 Lafayette Avenue Date signed 10/23/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 Francis A. Williamson

Licensed Embalmer No. 3565

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.**