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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11649

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **357**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish 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 000

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

(d) Street No. 104 N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence J. Pelligreen.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1945 hour 11.00 minute P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jane Pelligreen

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

7. Birth date of deceased Oct. 10, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 10, 1945 to April 20, 1945
that I last saw him alive on April 20, 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death _____

Due to acute pulmonary edema, pneumonia, Bronchitis

Due to arteriosclerotic heart disease

Duration 1 day

Duration 8 days

Duration 1 year?

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

10. Usual occupation Contractor

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Nicholas Pelligreen

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

14. Maiden name Annie Bergler

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss. Dorothy Pelligreen

(b) Address 6901 Hunter Ave.

17. (a) Burial (b) Date thereof April 24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

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? _____

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) APR 23 1945 J. F. Brueck
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature Joseph Fineberg (M. D. or other) _____

Address 3963 Olive St. Date signed 4-23-45

Dr Joseph Fineberg
Wall Bldg.,
8.30 -- 12.00 Noon
Fr. 0666.

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 *G. W. Wilkinso*

Licensed Embalmer No. 3575

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.