

No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11524**

FILED MAR 30 1946
318

Primary Registration District No. **1003**

Registrar's No. **2802**

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:
3823 Texas Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma E Pelton

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female race White

5. Color or race White

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

6. (b) Name of husband or wife Jerry M. Pelton

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

7. Birth date of deceased June 17 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Charles D. Pelton

(b) Address 3823 Texas Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-25-46
(Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Iowa

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 25 1946 (Date received local transfer) (b) J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Clinton 999

(c) City or town Clinton 15
(If outside city or town limits, write "RURAL")

(d) Street No. 211 1st St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Febr. 12
1946 to March 25 1946

that I last saw her alive on 3-25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 week

Due to Arterio-sclerosis and hypertension Indef.

Due to _____

Other conditions 88
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy _____

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)

(e) Means of injury 0

23. Signature D. J. Johnson (M. D. or other) M.D.

Address 2801 Chippewa Date signed 3-25-46

2872

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..... *W W Wilkin*
Licensed Embalmer No..... *3575*
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.