

S. No. 2
M-5-43
v. 5-17-39
I X38671

FILED AUG 5 1946
Registration District No. **318**

Primary Registration District No. **1003**

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:
5047 Beacon Ave. /
(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.....

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

(d) Street No..... **5047 Beacon Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME..... **John Pellom**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **489-14-1040**

4. Sex..... **Male**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Lydia D. Pellom**

6. (c) Age of husband or wife if alive..... **80** years

7. Birth date of deceased..... **April 6, 1856.**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **23rd**
year..... **1946** hour..... **3:30** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **7/21/46** to..... **7/23/46**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary occlusion**
Duration..... **Jan**

8. AGE:

Years	Months	Days	If less than one day
90	3	17hr.min.

Due to.....

Due to.....

9. Birthplace..... **Memphis, Tennessee /**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Stationery Engineer**

11. Industry or business..... **Box Co.**

MOTHER { 12. Name..... **Unknown**

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

14. Maiden name..... **Unknown**

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

Other conditions..... **9/4/46**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant..... **Mrs. Lydia D. Pellom**

(b) Address..... **5047 Beacon Ave.**

17. (a) **Burial** (b) Date thereof..... **July 26, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Picker Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz**

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **JUL 26 1946** (b) **J. F. Bredick**
(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) Means of injury.....

23. Signature..... **Samuel Gibson** (M. D. or other)..... **DO.**

Address..... **3324 Riverview** Date signed..... **7/24/46**

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

24455

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..... *Ralph Linders*
Licensed Embalmer No. *4275*
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.