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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

19233

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4963

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:
4334a Oregon 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)

3. (a) PRINT FULL NAME Henry H. Pellmann

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marie

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

7. Birth date of deceased March 28 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>17</u>	hr. min.

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

10. Usual occupation St. Louis Water Works

11. Industry or business Retired 20 yrs.

MOTHER FATHER

12. Name Henry W. Pellmann

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

14. Maiden name Marie Sahrman

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

16. (a) Informant Mrs. Elsie Murphy

(b) Address 4334a Oregon Ave.

17. (a) Burial (b) Date thereof May 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) MAY 16 1947 (b) J. J. Brudick
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17

(d) Street No. 4334a Oregon Ave.
(If rural, give location) 15

(e) Citizen of foreign country?..... (Yes or No) 13
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1947 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from Dec. 15
1946, to May 21, 1947
that I last saw him alive on May 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to (?)

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

Duration

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) (e) Means of injury.....

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

Address 1504 S. Grand Date signed 5/16/47

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..... me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Laron E. Deacy.....
Licensed Embalmer No. 4094
2842 Meramec St.
P. O. Address..... St. Louis, 18, Mis

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.