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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2940

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 632

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

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Plaza Hotel- 220 No. Kingshighway (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 020
(c) City or town Saint Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 220 North Kingshighway (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 12
If yes, name country

3. (a) PRINT FULL NAME Edward Hubbard Pelton
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth B. Pelton
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March (Month) - 14 (Day) - 1870 (Year)

8. AGE: Years 77 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Middletown (City, town, or county) Conn (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Oliver Z. Pelton
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Alma Hubbard
15. Birthplace (City, town, or county) New York (State or foreign country)
16. (a) Informant Elizabeth B. Pelton
(b) Address Park Plaza Hotel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd
19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1948 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 25, 1947, to Jan 20, 1948 that I last saw him alive on Jan 20, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary thrombosis | 24 hrs |
| Due to coronary arteriosclerosis | ? |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Samuel B Grant (M. D. or other) M.D.
Address 114 N. Taylor Ave Date signed 1/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JE 8600

## 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 Clarence H. Murray

Licensed Embalmer No. 4011

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.**