.S. No. 300
EV. 10.48

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22195

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1498

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
c. LENGTH OF STAY (in this place): 24 yrs. 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Vincent's Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
d. STREET ADDRESS (If rural, give location): 7300 St. Charles Rock Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Van Pelt

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 15, 1880
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 11, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Van Pelt
13b. MOTHER'S MAIDEN NAME: Louise Scheninger
14. NAME OF HUSBAND OR WIFE: LATE SARAH VAN PELT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Miss Emily Van Pelt — ADDRESS: 357 S. Alverado, Los Angeles, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hemorrhage, Intestinal	12 hrs.
ANTECEDENT CAUSES	b) Carcinoma of prostate c̄ Metastasis	6 mos.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Herniae, inguinal, bilateral	5 yrs.
DUE TO (c)	Arteriosclerotic Heart Disease	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Manic Depressive, depressed	25 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
51 b
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
1778

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Dec. 27, 1924, *to* June 21, 1949, *that I last saw the deceased alive on* June 20, 1949, *and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S R Bauet MD U
23b. ADDRESS: 7511 Delmar Blvd.
23c. DATE SIGNED: 6-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-23-49
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

DATE REC'D BY LOCAL REG.: 6-22-49
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: KRIEGSHAUSER — ADDRESS: 4228 S. KINGSHIGHWAY

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed Richard W. Storesund

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.