

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25708

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 11611

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>23 days</u>		d. STREET ADDRESS (If rural, give location) <u>4968 Neosho,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>	b. (Middle) <u>J.</u>	c. (Last) <u>PELLETIER</u>	5. SEX <u>Male</u>
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 24, 1905</u>	9. AGE (In years last birthday) <u>43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Florist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Florist</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Max Pelletier</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Masek</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>494 03 9556</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene F. Nolan, Registrar Vet. Adm. Hosp. Jeff. Bks. Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRRHOSIS OF LIVER</u> ANTECEDENT CAUSES DUE TO (b) <u>ESOPHAGEAL HEMORRHAGE</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY-OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>June 13, 1949</u> , to <u>July 6, 1949</u> , that I last saw the deceased alive on <u>July 6, 1949</u> , and that death occurred at <u>10:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title)		23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>	23c. DATE SIGNED <u>7/8/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-9-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U.&L. Co., St. Louis, Mo.</u>	

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

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.

Student

Student Embalmer

Signed

Harry J. Lekeem ceh

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.