

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6597**  
Registrar's No. **1338**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2626 Wyoming St.</b>		d. STREET ADDRESS (If rural, give location) <b>24 2626 Wyoming St.</b>	

3. NAME OF DECEASED a. (First) <b>JOHN</b> (Type or Print)		b. (Middle) <b>M.</b>		c. (Last) <b>PELANT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 8, 1882</b>		9. AGE (In years last birthday) <input checked="" type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 2 HRS. <b>67</b> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ass't. Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hager Hinge Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Detroit, Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>/</b>	

13a. FATHER'S NAME <b>Frank Pelant</b>		13b. MOTHER'S MAIDEN NAME <b>Christine Dalkar</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Pelant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Pelant 2626 Wyoming St.</b>	

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, asthma, 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)		<b>Coronary Thrombosis</b>				<b>7 hrs.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Myocarditis - chronic</b>				<b>3 yrs.</b>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Feb. 3, 1950**, to **Feb. 9, 1950**, that I last saw the deceased alive on **Feb. 6, 1950**, and that death occurred at **10:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Karl J. Baley</b>		23b. ADDRESS <b>3623 Cleveland Ave</b>		23c. DATE SIGNED <b>2-10-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 13, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>					

DATE REC'D BY LOCAL <b>FEB 10 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>	
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1615 Stovesand

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stovesand

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.