

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

State File No. 37496  
Registrar's No. 9509

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 37496		Registrar's No. 9509					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2019/0				
d. FULL NAME OF HOSPITAL OR INSTITUTION 3657 Fillmore				d. STREET ADDRESS (If rural, give location) 3657 Fillmore									
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Pellet.			c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 10-1-53				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 20, 1879		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 1 MTH. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lettercarrier				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? 0				
13a. FATHER'S NAME John Pellet				13b. MOTHER'S MAIDEN NAME Marie Sperry				14. NAME OF HUSBAND OR WIFE Alvina Pellet					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Pellet, 3657 Fillmore							
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>C. O. Paralysis; self administered in garage in rear of home about 8:15 am on Oct 1, 1953</i></p> <p>ANTECEDENT CAUSES <i>while suffering temporary mental aberration</i></p> <p>As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>while suffering temporary mental aberration</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS: <i>while suffering temporary mental aberration</i></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>								INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>mental aberration</i> <i>Suicide</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo.</i>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 1 53 7:15 am</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>E9731</i>									
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at <i>7:25 AM</i> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Coroner</i>				23b. ADDRESS <i>1300 Clark</i>				23c. DATE SIGNED <i>10-5-53</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>10-5-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Parklawn Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay, Mo.</i>							
DATE REC'D BY LOCAL REG. <i>OCT 5 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Southern Funeral Home 6322 S. Grand Blvd</i>							

WHILE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1958

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

*David Tan Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Gra*

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.