FILED MAR 18 1957.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10860

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1791

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) De Paul Hosp.
Length of stay in 1b 5 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Perry
c. CITY OR TOWN Perryville
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 27 S. Moulton (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GEUELL Middle Last PELTS
4. DATE OF DEATH Month Day Year 2-20-57
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-25-1924
9. AGE (In years last birthday) 32
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher
10b. KIND OF BUSINESS OR INDUSTRY school
11. BIRTHPLACE (City and state or country) Varryville, Ark.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Pelts
14. MOTHER'S MAIDEN NAME Lucie Baker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW#2
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Mary Pelts (wife) Perryville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Brain Tumor
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 193X
INTERVAL BETWEEN ONSET AND DEATH 5-Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/15/57 to 2/20/57 and last saw her/him alive on 2/19/57
Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE G. A. Smolic, MD (Degree or title)
22b. ADDRESS Beaumont Med Bldg
22c. DATE SIGNED 2/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 2-21-57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Perryville, Mo.
24. FUNERAL DIRECTOR ADDRESS Bey, Perryville, Mo.
25. DATE RECD. BY LOCAL REG. FEB 21 '57
26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1957

JAN 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate

by me, or by ....., Student Embalmer No

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V. E. Morris

Licensed Embalmer No

P. O. Address St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRIT
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.