Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33966

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9149

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Inside Limits Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3632 Nebraska Av — Length of stay in Hospital: 01

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St LOuis — Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location): 3632 Nebraska Ave — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print): First John, Middle Thomas, Last Pelikan

4. DATE OF DEATH: Month Sept, Day 30, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED # NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH: Dec 17 1876

9. AGE (In years last birthday): 80 — 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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Delivery

11. BIRTHPLACE (City and state or country): St Louis Missouri

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John Pelikan

14. MOTHER'S MAIDEN NAME: Frances Uxa

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: Ellen Pelikan — Address: 3632 Nebraska Ave

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) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myocarditis and Chronic
DUE TO (c) Arteriosclerosis — 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 422.1

19. WAS AUTOPSY PERFORMED? YES NO ☒ 2

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 Sept. 30th '57, to Sept. 30th'57 and last saw her/him alive on Sept. 29'57
Death occurred at 3 : 00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): N. H. Matter M. D.

22b. ADDRESS: 3608 South Grand Blvd.,

22c. DATE SIGNED: 9/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10/2/57

23c. NAME OF CEMETERY OR CREMATORY: New St Marcus Cem

23d. LOCATION (City, town, or county) (State): St Louis County Mo

24. FUNERAL DIRECTOR — ADDRESS: Moydell Funeral Home 1926 Allen

25. DATE RECD. BY LOCAL REG.: OCT 1 57

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M. D. S.

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Reinhold K. Lohrman

Licensed Embalmer No. 93

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.