

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

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File No. _____
Registered No. **4888**
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. _____
Primary Registration District No. _____
(No. Masonic Hospital)

2. FULL NAME

Richard D. Pellis
(a) Residence. No. 5351 Delmar Blvd. St. 12 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1929 to May 18 1930 that I last saw him alive on May 17 1930, and that death occurred, on the date stated above, at 7:45 A. m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular heart disease

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18-1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 5 -

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. 6 mos. ds.
PAW (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired (Farmer)
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) Vevey
(STATE OR COUNTRY) Switzerland

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

10. NAME OF FATHER John Pellis

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam only
(Signed) Robert Cameron M. D.

12. MAIDEN NAME OF MOTHER Sarah Stratton

(Address) May 18, 1930 Metropolitan Bldg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Wilmuth Haller
(Address) 5351 Delmar Blvd.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Joplin Mo DATE OF BURIAL 5/18 1930

15. MAY 19 1930 Ray C. Stanley REGISTRAR

20. UNDERTAKER Alexander and Sons ADDRESS 6175 Delmar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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PARENTS

