

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

Do not use this space.

27917

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City Wellston (No. 6225 Page Blvd.) St. _____ Ward _____

File No. _____
Registered No. 214

2. FULL NAME

Joulanda Irene Pellarin,

(a) Residence, No. 6225 Page Blvd., St. _____ 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? yrs. mos. ds.

'PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16/36, 1936
22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to July 16, 1936
I last saw her alive on July 13, 1936 Death is said to have occurred on the date stated above, 3.45A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 6 16

Congenital Heart Disease Date of onset birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Eroole Pellarin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME May Fedeli

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Eroole Pellarin
(ADDRESS) 6225 Page Blvd.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE July 18/36

19. UNDERTAKER (ADDRESS) Gas. W. Clark
1125 Hadlamont Ave.,

20. FILED 14-17- 1936 W. B. Bachner
Registrar

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Edward J. Nelbony, M. D.
(Address) 4963 Fountain,
St. Louis, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Helbink
2143 Bellevue Ave.,
St. 2962.
~~2-4 or 6.30-730.~~

4963 Fountain