

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5275**

FILED JUL 17 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Gerold  
(If outside city or town limits write "RURAL")

(d) Street No. R. R.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Rudolph Pelster 423

**3. (b) If veteran, name war** No. **3. (c) Social Security No.** None

**4. Sex** Male **5. Color or race** White

**6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Katie **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased.** April 12 1859  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

**9. Birthplace** New Haven Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** William Pelster

**13. Birthplace** New Haven Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Unknown

**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** David Pelster

**(b) Address** Gerold, Missouri

**17. (a) Removal** (Burial, cremation, or removal) **(b) Date thereof** 6-19-40  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Gerold, Mo.

**18. (a) Signature of funeral director** Albert H. Hoppe

**(b) Address** 4700 Washington Ave.

**19. (a) JUN 18 1940** (Date received local registrar) **(b)** [Signature] (Signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 6 day 17  
year 1946 hour 1:55 minute PM

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Grades several open fractures of skull and compression of spinal cord when he fell off a hay wagon on his farm near Gerold, Mo. June 15, 1946.

**Other conditions** None  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

**Major findings:** 2123  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) Open Vein Cut

(b) Date of occurrence June 15, 1946

(c) Where did injury occur? Gerold, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes  
(Specify type of place)

While at work Yes (e) Means of injury Falling

**23. Signature** [Signature] (M. D. or other)

**Address** [Signature] Date signed \_\_\_\_\_

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington Bl.*

**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, above space should be left blank.**