

Registration District No. **7911** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 2633 A Lynch
(d) Length of stay: In hospital or institution 43 Yrs.
In this community 43 Yrs.

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 2633 a Lynch
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary M. Van Pelt
(b) If veteran, name war No (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Howard 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Ho Oct 1, 1897

8. AGE: Years 43 Months 1 Days 9 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business _____

MOTHER FATHER
12. Name Fred Ehret
13. Birthplace Germany
14. Maiden name Margarene Meyer
15. Birthplace Germany

16. (a) Informant Mrs G. Wagstaff
(b) Address 4175 Itaska

17. (a) Burial (b) Date thereof 11/13/40
(c) Place: burial or cremation St Pauls Churchyard

18. (a) Signature of funeral director Jacary Hoffmeister
(b) Address 4400 Chicago
19. NOV 12 1940 (b) [Signature]

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 10 year 1940 hour 12 minute 15P M.

21. I hereby certify that I attended the deceased from November 3, 1940, to November 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Coronary Arteriosclerosis
Due to Distended Heart - "Cor pulmonale"
Other conditions None
Major findings: Of operations none
Of autopsy no

Duration 2 weeks
PHYSICIAN
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) [Signature]
Address 2603 Cherokee St Date signed Nov 17 40

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

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 *Ernest W. Spillars*

Licensed Embalmer No. *4080*

P. O. Address.....

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, fact should be so stated above.