

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

20
17
-5-
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2626 Wyoming St.
(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 Mo. (b) County 24 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2626 Wyoming St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christina Pelant

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Frank Pelant 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 24 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Detroit Mich
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Andrew Delker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Christina Stollen

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

16. (a) Informant John Pelant

(b) Address 2626 Wyoming St.

17. (a) Burial (b) Date thereof APRIL 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcys Cem.

18. (a) Signature of funeral director Witt Bros. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) MAD (b) J. F. Bredock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1942 hour 5 minute 30p .M.

21. I hereby certify that I attended the deceased from April 1941, to March 30 1942,
that I last saw her alive on March 30 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cardiac disease - chronic

Due to 93d

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Karl Balas, M.D. (M. D. or other) _____

Address 3623 Cleveland Date signed 3/31/42

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.....

Paul A. Shanklin

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul A. Shanklin

Licensed Embalmer No.....

3472

P. O. Address.....

2929 S. Jefferson

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.