

FILED JUN 22 1942 791

Primary Registration District No. 1003

Registrar's No.

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6533 Winona Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day June
year 1942 hour 2:35 minute A. M.
21. I hereby certify that I attended the deceased from June 9, 42
to June 11, 42
that I last saw him alive on June 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis
Due to Arteriosclerosis
Other conditions Arteriosclerosis of brain
Major findings:
Of operations _____
Of autopsy _____
Duration
Chronic
Chronic
Chronic
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Reinhard F. Pelchmann

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 30 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown Pelchmann

13. Birthplace Germany
(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 Augusta Schiedde

(b) Address 6533 Winona Ave

17. (a) Burial (b) Date thereof June 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter and Paul Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 12 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's Signature)

23. Signature [Signature] (M. D. or other) _____
Address 7702 [Address] Date signed 6/12/42

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

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17
9

Dr. Roy Driggs
PL 0678

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.....

Frank J. Owens

Licensed Embalmer No.....

2245

P. O. Address.....

St Louis MO

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.