

FILED NOV 6 1942 18

Primary Registration District No. 1003

8909

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 5815 Maffitt Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether)  
In this community Birth years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 5815 Maffitt Ave (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Fred W. Pelster

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife W. Pelster nee Freinhagen 6. (c) Age of husband or wife if alive. 53 years

7. Birth date of deceased August 13, 1888 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 12 If less than one day hr. min.

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

10. Usual occupation Stationary fireman

11. Industry or business

12. Name Fred W. Pelster  
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)  
14. Maiden name Johanna Fehrt  
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Pauline W. Pelster (b) Address 5815 Maffitt Ave

17. (a) Burial (b) Date thereof 10/28/42 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math Hermann & Son (b) Address 2161 East Fair Ave

19. (a) OCT 21 1942 J. F. Brudeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25, year 1942 hour 5:45 PM minute M.

21. I hereby certify that I attended the deceased from April 13, 1938 to Oct 25, 1942 that I last saw him alive on Oct 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis yrs  
Due to Bronchial asthma yrs  
Other conditions 92  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: 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)  
(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 W. P. Hamilton (M. D. or other) MD  
Address 836 3 1/2 Halle Ferry Date signed Oct 26-42

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

*William G. Buchholz*

Licensed Embalmer No.

*2110*

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.**