

FILED FEB 10 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 227

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Rt. 6
(If not in hospital or institution, write street number or location)

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

In this community nil
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street: No. Rt. 6
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Edmond Pehle

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matilda Pehle

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 8, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 11 19 hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business

MOTHER FATHER

12. Name Frederick Pehle

13. Birthplace Unknown
(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 Matilda Pehle

(b) Address Sappington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Senate Grove, Mo.

18. (a) Signature of funeral director Jay B. Smith
7456 Manchester

19. (a) FEB 2 1943 (Date received local registrar) (b) E. J. Mc Kern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 20
1942 to Jan 27 1943
that I last saw him alive on Jan 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Parenchymatous Nephritis

Due to.....

Due to.....

Other conditions Prostate Gland Edema
(Include pregnancy within 3 months of death)

Major findings: Decomposition Heart Muscles

Of operations.....

Of autopsy 1270

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 Walter K. Kelley (M. D. or other) MD
Address 9915 Gravois Date signed 1/29/43

Duration
6 days

3 years
PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76
0

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..... *A. Burgess*
Licensed Embalmer No. *4029*
P. O. Address..... *Maplewood*

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.