

Registration District No. 1943 318

Primary Registration District No. 1000

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:
St. Luke's Hospital
(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)

3. (a) PRINT FULL NAME Frank Pelat

3. (b) If veteran, name war.....
3. (c) Social Security Number Unknown

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased. Nov. 13 1915
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>27</u> | <u>3</u> | <u>5</u> | hr. min. |

9. Birthplace Lyra Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Kathleen Coal Co.

MOTHER FATHER

12. Name Adolph Pelat

13. Birthplace..... France 5
(City, town, or county) (State or foreign country)

14. Maiden name Frances Magier

15. Birthplace..... France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Pelat

(b) Address Royalton, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43
(Month) (Day) (Year)

(c) Place: burial or cremation Royalton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd

19. (a) FEB 19 1943 (Date received local registrar)
J. F. Biedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Franklin
(c) City or town..... Royalton on R
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1943 hour 3:25 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Encephalitis (Type Undetermined)
Edema of Lungs

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

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 Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 2-19-43

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

Harold G. Burnley

Licensed Embalmer No.

4202

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.