No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36147

FILED NOV 7 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9914

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 27 So. 16th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 27 So. 16th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DAVID J. PELL

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maria G.

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. (Month) 17 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	8	10	hr. min.

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

10. Usual occupation Retired 10 Years

11. Industry or business Restaurant & Hotel

FATHER
12. Name Jack Pell
13. Birthplace Austria
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Unknown
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Maria G. Pell
(b) Address 27 So. 16th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) OCT 27 1947 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1947 hour 11:45 A.M. minute A.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.

	Duration
Immediate cause of death: Carcinoma of Lungs	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Patrick T. Taylor (M. D. or other)
Address Deputy Coroner Date signed 10-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Edwin S. McDermott

Licensed Embalmer No. 302

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.