S. No. 2
—1/47
5-17-39

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. 7424

FILED MAR 8 1948

Registration District No. 3947 — Primary Registration District No. 6076 — Registrar's No. 589

1. PLACE OF DEATH:

(a) County St. Louis, County Mo.,

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

(c) Name of hospital or institution: 6304 Ella Ave., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 25 yrs, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 6304 Ella Ave., (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Percy P. Pelton,

3. (b) If veteran, name war No

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 Florence

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

7. Birth date of deceased June 17, 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation

11. Industry or business St. Louis Box Factory

FATHER
12. Name J! M! Pelton,
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Gay
15. Birthplace N! Y! (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Pelton,
(b) Address 6304 Ella Wellston, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa

19. (a) 3-3-48 (Date received local registrar) (b) Cecil J Shaf MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 12-18 1948 to 2-29 1948 that I last saw him alive on 2-25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis c̄ Failure — Duration

Due to Hypertension

Due to 93d

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

23. Signature L G Hayden (M. D. or other)

Address 5899 Wilmar Date signed 3/1/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 24 1944

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis.

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.