

No. 300
-10-47
-17-39
P1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38724**
Registrar's No. **10045**

FILED DEC 2 1948
318

Registration District No. _____

Primary Registration District No. **1003**

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:
Lutheran 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5007 Devonshire**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM E. VAN PELT**

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 **Widower**

6. (b) Name of husband or wife **Late Mary Agnes** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 6 1868**
(Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **New York** **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Aaron B. Van Pelt**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Hunt**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jack Van Pelt**
(b) Address **5007 Devonshire**

17. (a) **Burial** (b) Date thereof **11-20-48**
(Burial, cremation, or removal) (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.**
(c) **NOV 19 1948**
(Date received local registrar) (b) **J. B. Fosater**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17**
year **1948** hour **7:15** minute _____ P. M.

21. I hereby certify that I attended the deceased from **11-8-48**, 19____, to **11-17**, 19____
that I last saw him alive on **11-17**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____
Due to _____

Other conditions **Atypical Pneumonia**
(Include pregnancy within 3 months of death)

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)
(c) Means of injury _____

23. Signature **M. B. Bronberg M.D.** (M. D. or other)
Address **4209 1/2 Kingshighway** Date signed **11-18-48**

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

MOTHER, FATHER

P. 1. P. 1. 1017

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.