

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18398

State File No.

318

1003

Registrar's No. 4049

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5601 Gresham Avenue (9)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) _____		c. (Last) <u>Pelat</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1952.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 6, 1888</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 WKS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Vadovce, Czecho-Slovakia</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Pelat.</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Nagy</u>		14. NAME OF HUSBAND OR WIFE <u>Michael Pelat.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Michael Pelat. 5601 Gresham Avenue.</u>			
18. CAUSE OF DEATH Enter only one cause on line for (a), (b) and (c) <i>This does not mean a complete or final cause such as heart failure, arthritis, etc. If means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE MYELOMA GENERALIZED</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FRACTURE OF HIP LT. PATHOLOGICAL</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ATELECTASIS PULMONARY BILAT</u>				INTERVAL BETWEEN ONSET AND DEATH <u>JULY 1950</u> <u>4-16-52</u> <u>4-26-52</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis 2029 Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 16-52 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pathological Fracture</u>			
22. I hereby certify that I attended the deceased from <u>JULY</u> , 19 <u>50</u> , to <u>4-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-29</u> , 19 <u>52</u> , and that death occurred at <u>5:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James L. Brant MD.</u>				23b. ADDRESS <u>2838 S. GRAND BLVD</u>		23c. DATE SIGNED <u>4-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>APR 30 1952</u>		REGISTRAR'S SIGNATURE <u>J. Cash Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. Inc. 1936 St. Louis Avenue</u>			

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

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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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Delix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 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.