

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33594

State File No. ....

FILED OCT 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>NEW HAVEN</b>		c. CITY OR TOWN <b>NEW HAVEN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>0360</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>OSCAR</b>	b. (Middle) <b>FREDERIC.</b>	c. (Last) <b>PELSTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 18 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 19, 1882</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>30</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Merchandise</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Gerald Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Henry Pelster</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Konig</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Nina Pelster</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-38-1390</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nina Pelster</b>	ADDRESS <b>New Haven Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/4/, 1952, to 10/18/, 1956, that I last saw the deceased alive on 9/28/, 1956, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>New Haven, Mo.</b>	23c. DATE SIGNED <b>10/19/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 20, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Beouf Luth Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Haven Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 20 1956</b>	REGISTRAR'S SIGNATURE <b>Nellie Murphy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L.C. Festigerson</b>	ADDRESS <b>New Haven Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5010

APR 19 1938

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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Carl O. Seitz*.....

Licensed Embalmer No. *3385*.....

P. O. Address *New Haven*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.