MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 28629

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8537

City St Louis (No. St. Anthony's Hosp. St. ..... Ward)

2. FULL NAME Rose Pequignot

(a) Residence. No. 629 Loughborough St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul E. Pequignot

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28 1879.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	9	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Schumacher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jeff. Co.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Caroline Burkhart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) High Ridge
(STATE OR COUNTRY) Mo.

14. INFORMANT Paul E. Pequignot
(Address) 629 Loughborough Ave

15. FILED AUG 28 1930 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1930, to Aug 27th, 1930 that I last saw her alive on Aug 27th, 1930, and that death occurred, on the date stated above, at 2.50 P.m.

122A
223

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Intestinal Obstruction

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Strangulated Inn-Vilical Hernia (duration) 23 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Do not Know
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) H. S. McKay M.D.
8/28, 1930 (Address) Univ. Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Hope Cemetery	8/30 1930
20. UNDERTAKER	ADDRESS
C Hoffmeister U & L Co	7814 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Union Club Bldg
eff 0402
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