

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township 72645
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. 13486
Registered No. 3618
St. Ward 25

2. FULL NAME

(a) Residence, No. 305 Frank St. Ward 25
(Usual place of abode) (If nonresident, give city or town and State)

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1879</u>				
7. AGE	YEARS <u>56</u>	MONTHS <u>7</u>	DAYS <u>03</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis

13. NAME
Joseph Pequinot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
France

15. MAIDEN NAME
Levesque

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
France

17. INFORMANT
Dr. J. P. Green
(ADDRESS) City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nash Cem. DATE April 4 1936

19. UNDERTAKER
Jos. P. Fendley
(ADDRESS) 7128 Michigan

20. FILED
APR 3 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31/36 19
22. I HEREBY CERTIFY, That I attended deceased from 3/27 1936 to 3/31/36 19...
I last saw him alive on 3/31/36 19... Death is said to have occurred on the date stated above, at 12:00 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:
Arteriosclerotic Heart Disease
Auricular Fibrillation

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19...
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Yes
(Signed) J. P. Green M. D.
(Address) City, Mo.

