

MAY 7 1936

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

Do not use this space.

17285

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City.....

St. Louis Children's Hosp.

File No.....

Registered No. 4049

St.....

Ward)

2. FULL NAME

Harry Paul Peche

(a) Residence, No. 2829 Magnolia

Ward. 23

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

child

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

12-27-35

7. AGE

0

MONTHS

3

DAYS

14

If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

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, Mo.

13. NAME

Wm. Peche Jr.

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

St. Louis, Mo.

15. MAIDEN NAME

Vera McNutt

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

Ohio

17. INFORMANT (ADDRESS)

I. Blum

18. BURIAL, CREMATION, OR REMOVAL

PLACE

O. St. Marcus

DATE

4-12-36

19. UNDERTAKER (ADDRESS)

Wm. Davis & Co
2929 S. Jefferson Ave

20. FILED

19

J. F. Brodeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4-11-1936

22. I HEREBY CERTIFY, That I attended deceased from

4-11-1936 to 4-11-1936

I last saw him alive on 4-11-1936 Death is said

to have occurred on the date stated above, at 6:30 (6:30 PM)

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

Bronch pneumonia
Primary Bronchial pneumonia

Date of onset

4-9-36

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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

(Signed) R. J. Blatterer, M. D.

(Address) 500 S. Kingshighway

APR 14 1936

Registrar

