

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.

**OCT 5 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township **St. Louis,**

Primary Registration District No. **1003**
City Hospital No. **1**

City..... (No.)

File No. **35921**

Registered No. **9543**
St. Ward)

B. 8516 Ernest L. Pique

2. FULL NAME

(a) Residence, No. **4116 Page** St. **11** Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/16/36**, 19..

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF **Mary H. Le Pique**

22. I HEREBY CERTIFY, That I attended deceased from **9/3/36**, 19.., to **9/16/36**, 19..

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 13, 1861**

I last saw him alive on **9/16/36**, 19.. Death is said to have occurred on the date stated above, at **10.47 a**
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.
75 **0** **3**

Arteriosclerotic Heart Disease Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Shipping Clerk**

10. Date deceased last worked at this occupation (month and year)..... **11. Total time (years) spent in this occupation**.....

Other contributory causes of importance: **Arteriosclerosis, General**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **August La Pique**

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME **Anna Arbrecht**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19..

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) **Hosp. Info. M.H. Kent**
City Hospital No. 1

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Peters** DATE **9/19/36**, 19..

Manner of injury.....

Nature of injury.....

19. UNDERTAKER (ADDRESS) **Phonograph Co.**
3710 N. Grand Blvd.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify **Roy Greenbaum**, M. D.
(Signed) **Roy Greenbaum**

20. FILED **SEP 18 1936**
J. Bredeck
Registrar.

(Address) **City Hospital No. 1**

