

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

12851
 Do not use this space.

DEC'D MAY 10 1938

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **3455**
 (c) City **St. Louis** (d) Street No. **Luthern Hosp.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Gustav Pechmann 255**

(a) Residence, No. **6126 Alabama Ave.** St. **11**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mch. 25th. 1869**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	0	17	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Printer**

9. Industry or business in which work was done, as 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) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **William Pechmann** 0

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **1**

MOTHER 15. MAIDEN NAME **Marie Selig**

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

17. INFORMANT (ADDRESS) **Ida Pechmann 6126 Alabama Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Apr. 14th. 38**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 3013 Meramec Street**

20. FILED **APR 13 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11th. 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 8 1938** to **April 11 1938**
 I last saw h. **alive on April 4 1938** Death is said to have occurred on the date stated above, at **5/45 a.m.**
 The principal cause of death and related causes of importance were as follows:
Sarcoma (metastasis intestinal, prostate & bladder) Date of onset Aug 1938
Primary seat in small intestine. HoC
 Other contributory causes of importance:
Acute myocarditis, cause unknown 38

Name of operation **None** Date of
 What test confirmed diagnosis? **Impression** Was there an autopsy? **no**

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 **W. Fairbury** (Signed) **W. Fairbury** M. D.
 (Address) **3558 Lafayette**

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.

I. X12004

9-12-69
Not. 6064



STATEMENT BY LICENSED EMBALMER

I, CLARENCE J. ROGHOW, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence J. Roghow

Licensed Embalmer No. 3093

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.)