

FILED DEC 22 1943

Registration District No. _____

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3619a Oregon Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 53 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. IDA JEANETTE PECHMANN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gustav Pechmann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 26, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
 12. Name Anthony Hemmer
 13. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Magdalena
 15. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oswald Gotsch

(b) Address 3619a Oregon

17. (a) Burial (b) Date thereof Dec. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) DEC 3 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3619a Oregon Avenue
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
 year 1943 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from Oct. 4 1943 to Dec 1 1943
 that I last saw her alive on Nov 30 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Stenosis
Neutral
 Duration 2 Months

Due to _____
 Due to _____

Other conditions Acute Dilation Heart
(Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 Means of injury _____

23. Signature W. Sausbury (M. D. or other)
 Address 3258 Lafayette Date signed 12/2/43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Delis J. Krispin*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 St Louis*

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.)

If this body is not embalmed, fact should be so stated above.