S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945 318

State File No. 32258

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8828

1. PLACE OF DEATH:

(a) County .....

(b) City or town EStLouisMoity Hosp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute To City Hosp #1 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 600

(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL")

(d) Street No. 5100 Cologne Ave 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME John Pecsimon

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 52 (Month) Birthday (Day) Unknown (Year)

8. AGE: Years abt ~ 52 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Czecka Slovakia (City, town, or county) 6 (State or foreign country)

10. Usual occupation Plumber

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Czecka Slevakia (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace czecka Slovakia (City, town, or county) 6 (State or foreign country)

16. (a) Informant Julia Scheck

(b) Address 5100 Cologne Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 12 (Day) 45 (Year)

(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) OCT 13 1945 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Gun - shot Wound of right side of head self inflicted when he was found in alley near of his home 5100 Cologne Ave. on Oct 11, 1945

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

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Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

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) Suicide

(b) Date of occurrence Oct 11, 1945

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rear of home
(Specify type of place)

While at work? ..... (e) Means of injury Co above

23. Signature [illegible] (M. D. or other) .....

Address [illegible] Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Coronres Case

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

Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Edwin S M Dermatt

Licensed Embalmer No. 3024

P. O. Address

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.