

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32228
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2136</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchéster</u>		c. LENGTH OF STAY (in this place) <u>6 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		<u>2229</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>2712 Chouteau</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barney</u>		b. (Middle) _____		c. (Last) <u>Pekron</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>July 27, 1870</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Odd Jobs</u>		11. BIRTHPLACE (State or foreign country) <u>Detroit Mich</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>John</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Yaszek</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Records of PineCrest</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Ch. Myocardite</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs</u> <u>1 yr</u> <u>443X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>3/2</u> , 19 <u>50</u> , to <u>9/6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/1</u> , 19 <u>50</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. S. Sheshie</u> (Degree or title)		23b. ADDRESS <u>Riskwood, Mo</u>		23c. DATE SIGNED <u>9/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG <u>9-8-50</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Plonke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Wedemuehler</u> ADDRESS <u>Funeral Home</u> <u>St Louis Mo</u>			

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Howard F Rowland

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

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.