

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32779

State File No.

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No. 2042

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY [REDACTED]	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wellston		c. LENGTH OF STAY (In this place) 16 hrs.	c. CITY (OR TOWN) St. Louis d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		17. STREET ADDRESS (If rural, give location) 4056 Lafayette Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) JEANETTE b. (Middle) c. (Last) PECAUT			4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 27, 1904	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 Wks. Hours Min. 52 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk- Famous-Barr Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
13a. FATHER'S NAME Charles Anton Rolfes			13b. MOTHER'S MAIDEN NAME Rose Framm		14. NAME OF HUSBAND OR WIFE Harry V. Pecaut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 496-22-0760	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry J. Pecaut 5424 Bates St. (Son)		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 16 hrs. n Years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Self-administered over-dose of doriden and sparine. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arrested Tuberculosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 26 '56	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self ingested overdose of Bacitracin poisoning.
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22. I hereby certify that I attended the deceased from **8-26-** 19**56**, to **8-27-** 19**56**, that I last saw the deceased alive on **8-27-56**, 19**56**, and that death occurred at **6:10A m.**, from the causes and on the date stated above.

23a. SIGNATURE St. Bluet MD	23b. ADDRESS 7301 St. Charles Rock Rd.	23c. DATE SIGNED 8/28/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 30, 1956	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE/REC'D BY LOCAL REG. 8/29/56	REGISTRAR'S SIGNATURE Herbert R. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Friegshauser 4228 S. Kingshighway Bl.
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(Licensed Embalmer's Signature on Reverse Side)

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.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4238 S. Kings*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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