WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

32744

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1005

City St Louis (No. City Infirmary St. ..... Ward)

File No. .....

Registered No. 9607

2. FULL NAME Charles Francis Pechiney

(a) Residence, No. 5800 Arsenal St., ~~Hosp.~~ Ward 13
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Chas. L. Pechiney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1857

7. AGE: YEARS 73 | MONTHS 10 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Toolsmith

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1.10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME Peter F. Pechiney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME June Gardner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) M. Effinger 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cincinnati Ohio DATE Sept 12, 1931

19. UNDERTAKER (ADDRESS) Alexander Ed Sons 6175 Delmar

20. FILED SEP 12 1931 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from May, 1931, to Sept. 11, 1931

I last saw him alive on Sept. 11, 1931. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 25 yrs

Other contributory causes of importance: Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No.

If so, specify .....

(Signed) Alfred [signature], M. D.

(Address) City Hospital #1 St. Louis, Mo.