

1939 OCT 14 1939

791
1008

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1766 Mississippi Ave.
(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 Missouri (b) County 1
(c) City or town St. Louis [23]
(If outside city or town limits, write "RURAL")
(d) Street No. 1766 Mississippi Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Senator Percy Pepon 157
(b) If veteran, name war nil (c) Social Security No. nil
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Beatrice 6. (c) Age of husband or wife if alive nil years
7. Birth date of deceased About 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 7th
year 1939 hour 10 minute 05 A.M.
21. I hereby certify that I attended the deceased from 2/25/39, 19, to 9/7/39, 19, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 77 Unknown Unknown min.

Immediate cause of death Cardiac Decompensation Duration _____
Due to Endocarditis Chronic
Due to Chronic Hypertension

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation State Senator (Missouri)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 92a
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

11. Industry or business _____
12. Name Theodore Pepon
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susie Robinson
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mada Wood
(b) Address 1766 Mississippi Ave.
17. (a) Burial (b) Date thereof Sept. 9-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Wm. Mossell
(b) Address 1926 Allen Ave.
19. (a) SEP 8 1939 (b) J. F. Briedeck
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
28. Signature Andrew H. Pleun (M. D. or other)
Address 3531a Delor Date signed 9/2/39

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.

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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, above space should be left blank.