

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town ST LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ALEXIAN BROTHERS HOSP
 (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 775

8. (a) PRINT FULL NAME ALEXANDER J. PEQUIGNOT
 8. (b) If veteran, name war no
 8. (c) Social Security No. 497-01-9592

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife KATE
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased OCT 24 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 2 12 _____ hr. _____ min.

9. Birthplace ST LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation STOCK KEEPER

11. Industry or business LOCKHEE GAS CO.

MOTHER FATHER
 12. Name JOSEPH PEQUIGNOT
 13. Birthplace FRANCE
 14. Maiden name EUGENIA JESTA
 15. Birthplace FRANCE
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kate Pequignot
 (b) Address 208 Nellie Ln

17. (a) BURIAL (b) Date thereof JAN 9 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cem
 18. (a) Signature of funeral director J. G. Fenwick
 (b) Address 7128 Michigan

19. (a) 6 1940 (b) _____
 (Date received local Registrar) (Year)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County ST LOUIS
 (c) City or town LEMAY N.R.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 208 NELLIE AV.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1940 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Jan 3, 1940, to Jan 4, 1940
 that I last saw him alive on Jan 4, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Extremities Duration organs

Due to 9 30
 Due to _____

Other conditions Arteriosclerosis, Sclerotic non-specific
 (Include pregnancy within 8 months of death)

Major findings:
 Of operations Calcification of aortic valve
 Of autopsy Hypertrophy of left ventricle
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fall 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) Means of Injury _____

23. Signature J. G. Fenwick (M. D. or R.N.)
 Address 7128 Michigan Date signed 1-5-40

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.....

Joseph B. Fendler, Jr.

Licensed Embalmer No. *925*

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, above space should be left blank.