

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1947 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 3736
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH: St. Louis
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Infirmary 2
(d) Length of stay: In hospital or institution 3 days
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Eva Josephine Pequignot
3. (b) If veteran, name war N.O. 3. (c) Social Security No. N.O.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 2 widow
6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 16, 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business none

MOTHER FATHER { 12. Name Mathais Weik
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary Otzenberger
15. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon (b) Address 5800 Arsenal St.

17. (a) (b) Date thereof APR. 30 42 (Month) (Day) (Year)

(c) Place: burial or cremation MNT OLIVE CEM.

18. (a) Signature of funeral director J. B. ... (b) Address 7124 ...

19. (a) ADD 27 10A2 (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 th year 1942 hour 8:20 a.m. minute M.

21. I hereby certify that I attended the deceased from Apr. 24th 1942 to Apr. 27th 1942, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma urinary bladder. (Duration)

Due to 52 in Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN Major findings: Of operations. Of autopsy.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Louie J. Blaney M.D. or other Date signed 4-27-42

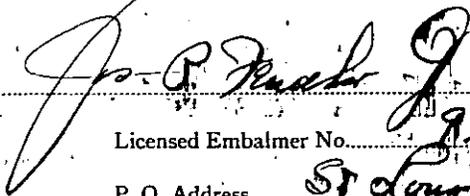
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3861

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



Licensed Embalmer No.....

P. O. Address.....

St. Louis

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.