

ED JUN 19 1943 18  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(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 BROS. HOSP. 1  
(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)

3. (a) PRINT FULL NAME EMIL G. PEQUIGNOT

3. (b) If veteran, name war NO 3. (c) Social Security No. 708-09-6298

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 17 1905  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>10</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation MOULDER.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name EMIL PEQUIGNOT  
13. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)  
14. Maiden name EVA WEIK.  
15. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Pequignot  
(b) Address 7419 Reilly

17. (a) BURIAL (b) Date thereof JUN 11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mat Old Camp

18. (a) Signature of funeral director J. P. Smith  
(b) Address 7128 MICHIGAN

19. (a) JUN 10 1943 (b) J. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7819 Reilly  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1943 hour 10:45 minute 0 M.

21. I hereby certify that I attended the deceased from June 7, 1943 to June 8, 1943; that I last saw him alive on June 8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia R. Upper Lobar

Due to Alcoholism

Due to Cholecystitis & obstruction

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_  
(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 J. H. Hauden (M. D. or other) MD  
Address 5899 Delmar Date signed 6/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Form 10-1-1931

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.

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**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.....

*Joe P. Kandler*

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.**