

No. 2
-12-45
-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29391

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7805**

1. PLACE OF DEATH: **318**

(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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry **79**
(c) City or town Perryville
(If outside city or town limits, write "RURAL") **1**
(d) Street No. N.P.
(If rural, give location) **1**
(e) Citizen of foreign country? _____ (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME Leo Joseph Pecaut
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verline Pecaut
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased January 18 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 30 6 28 hr. min.

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

10. Usual occupation Heel Varnisher
International Shoe Company

11. Industry or business International Shoe Company

12. Name Sebastian Pecaut

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

14. Maiden name Myrtle Gabear

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

16. (a) Informant Verline Pecaut

(b) Address Perryville, Missouri

17. (a) Burial (b) Date thereof 8/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Missouri

18. (c) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 17 1947 (b) J. F. Bradley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1947 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from August 10
1947 to August 16 1947
that I last saw h. i. m. alive on August 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, malignant Duration _____

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

Major findings:
Of operations _____
Of autopsy As above

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 _____
23. Signature F. R. Bradley (M. D. or other) **0**
Address Barnes Hospital Date signed 8/16

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

J. Allen Rawins

Licensed Embalmer No. *4053*

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.