

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34748**

FILEDOCT 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>305</u>	PRIMARY REG. DIST. NO. <u>6047</u>	Registrar's No. <u>28</u>
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Charles</b>		
b. CITY OR TOWN <b>St. Paul</b>		c. LENGTH OF STAY (In this place)		
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Paul</b> <u>0921</u>		
		d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print) <b>Mary</b>		a. (First)	b. (Middle) ----	c. (Last) <b>Peine</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>October 6 1951</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b> ✓	8. DATE OF BIRTH <b>August 1 1863</b>	9. AGE (In years last birthday) <b>88</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Charles Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Joe Boegle</b>		13b. MOTHER'S MAIDEN NAME <b>not known</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Peine deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ollie Peine</b>	
				ADDRESS <b>08 Fallon Mo. RFD 2</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma ascending colon</b>		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Earth generalized</b>		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>metastasis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>97</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>153X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>June 18, 1915</u> , to <u>Oct 2, 1951</u> , that I last saw the deceased alive on <u>Oct 3, 1951</u> , and that death occurred at <u>7:50 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <b>George R. Soderstrom</b>		23b. ADDRESS <b>0 Fallon</b>		23c. DATE SIGNED <b>Oct 8 '51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-9-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul</b>	24d. LOCATION (City, town, or county) (State) <b>St. Paul Mo.</b>
DATE REC'D BY LOCAL REG. <b>Oct 15 1951</b>		REGISTRAR'S SIGNATURE <b>Walter F. Pugh</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. A. Keithly</b>
				ADDRESS <b>0 Fallon Mo.</b>

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 18 1951

RECEIVED

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *E. Keilly*

Licensed Embalmer No. 822

P. O. Address O'Fallon 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, fact should be so stated above.