

SEP 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32278

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>	c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 No. Third Street</u>		d. STREET ADDRESS (If rural, give location) <u>307 No. Third Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>M.</u> c. (Last) <u>PEER</u>			4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>15</u> (Year) <u>1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 10, 1897</u>	9. AGE (In years last birthday) <u>55</u>	10. F UNDER 12 HRS. <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Distributer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fuel Oil</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John Thomas Beer</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Ann Fanning</u>	14. NAME OF HUSBAND OR WIFE <u>Thelma Simms Peer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>087-03-0298</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Harlen Peer</u> ADDRESS <u>Rock Island, Ill</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spongioblastoma multiforme</u>		<u>5 months</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>6-16-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>right parietal lobe tumor</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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 7-2-52, 1952, to 9-14-52, 1952, that I last saw the deceased alive on 9-14-52, 1952, and that death occurred at 12:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Sultzman M.D. F.A.C.S.</u>	23b. ADDRESS <u>115 N. 5th St. Hannibal, Missouri</u>	23c. DATE SIGNED <u>9-15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 17, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/16/52</u>	REGISTRAR'S SIGNATURE <u>H. M. Lucke Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jacks Schwartz</u> ADDRESS <u>Hannibal, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED SEP 22 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 22 1952

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

Jack Schwartz

Licensed Embalmer No. 4908

P. O. Address Hannibal, 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.