

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29366

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 1986

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Mo.</u>		c. CITY OR TOWN <u>Crestwood</u> <u>4790</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>9631 Gallop Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) _____ c. (Last) <u>Peaney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1954</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>6-30-1867</u>		9. AGE (In years last birthday) <u>87</u>		10. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Schneppe</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</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>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Loretta Tibbitts 9631 Gallop Lane.</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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary arterial embolism</u>		ANTECEDENT CAUSES DUE TO (b) <u>Fracture Left femur</u>				<u>6 hrs.</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriolar nephrosclerosis</u>				<u>5 days.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4 yrs.</u>	

19a. DATE OF OPERATION <u>8/13/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture left hip</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>suicide</u> <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CRESTWOOD MO ST. LOUIS MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-9-54 8pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SLIPPED &amp; FELL AT HOME</u>	

22. I hereby certify that I attended the deceased from 8-9-1954, to 8-14, 1954, that I last saw the deceased alive on 8-14, 1954, and that death occurred at 5:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Halter L. Nifon M.D.</u>		23b. ADDRESS <u>2601 S. Brentwood, Clayton</u>		23c. DATE SIGNED <u>8/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer</u>	
24d. LOCATION (City, town, of county) (State) <u>Affton, Mo.</u>					

DATE REC'D BY LOCAL OFF. <u>8/16/54</u>		REGISTRAR'S SIGNATURE <u>Heber B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John L. Biegenhein &amp; Sons 7027 Gravoie</u>	
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WRITE PLAINLY—USING 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....  
*Donald E. Bering*

Licensed Embalmer No. *486*

P. O. Address *7057*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.