

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31229

FILED OCT 3 - 1955

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State File No. 7963  
Registrar's No. 7963

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 7963		Registrar's No. 7963		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN <u>Normandy</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Baptist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>7720 Rosedale Dr.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>			b. (Middle) _____		c. (Last) <u>PEINE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1955</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>May 30, 1878</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 HR. Days _____	Hours _____	Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Maintenance Supt.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Office Bldg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Peters, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Henry Peine</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Behrns</u>			14. NAME OF HUSBAND OR WIFE <u>Louise Wessel</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-18-8284</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Peine</u>			ADDRESS <u>7720 Rosedale Dr.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosclerosis.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Prostatic Hypertrophy</u> DUE TO (c) <u>Arteriosclerosis</u>						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blind.</u>						
19a. DATE OF OPERATION <u>8-16-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophied Prostate</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442x</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>						
22. I hereby certify that I attended the deceased from <u>1-15, 1954</u> , to <u>9-9, 1955</u> , that I last saw the deceased alive on <u>9-8, 1955</u> , and that death occurred at <u>5:25 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>M. Stealle MD</u> (Degree or title)				23b. ADDRESS <u>7124 Natural Bridge</u>			23c. DATE SIGNED <u>9-9-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>					
DATE REC'D BY LOCAL REG. <u>SEP 10 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Callen &amp; Kelly 7267 Natural Bridge</u>					

**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 *Ben E. Johnson*.....

Licensed Embalmer No. *45*.....

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