

FILED APR 13 1942

Registration District No. 784

Primary Registration District No. 270

Registrar's No. 775

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Ballerwin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Pine Crest Home 5  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 yr  
 In this community 1 yr 4 m  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Ballerwin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Manchester Rd.  
 (If rural, give location)  
 (e) Citizen of foreign country? No  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANTHONY PEINE  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 4th  
 year 1942 hour 11 minute 45 A.M.  
 21. I hereby certify that I attended the deceased from March 31st 1942, to April 4th 1942  
 that I last saw him alive on April 4th 1942  
 and that death occurred on the date and hour stated above.

4. Sex Male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife: Elizabeth Peine  
 6. (c) Age of husband or wife if alive = years  
 7. Birth date of deceased June 29 1874  
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Arterio Sclerosis  
 (Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 9 Days 6  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Peters Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Genl

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Heinrich Peine  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Johanna Peine  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Pine Crest Nursey Home  
 (b) Address Ballerwin Mo.

17. (a) burial (b) Date thereof 4/8/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cash Hill Cem.

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 \_\_\_\_\_

18. (a) Signature of funeral director Louis H. Goffe, Inc.  
 (b) Address Herbwood Mo.  
 19. (a) APR 1942 (b) C. J. McFarland  
 (Date received local registrar) (Registrar's signature)

23. Signature R. N. Jensen (M. D. certificate)  
 Address Manchester Mo. Date signed 4/14/42

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.....

*Louis H Bopp*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Louis H Bopp*

Licensed Embalmer No. ....

*921*

P. O. Address.....

*Kirkwood 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.**