

FILED OCT 3 1944

Registration District No. _____

Primary Registration District No. **6047**

Registrar's No. _____

1. PLACE OF DEATH: **St. Charles**

(a) County **St. Charles**

(b) City or town **Otallon Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Crossway**
(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Charles**

(c) City or town **Otallon Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY PEINE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29**
year **1944** hour **8:30** minute **am**

21. I hereby certify that I attended the deceased from **June** 19**40** to **Aug 27** 19**44**
that I last saw him alive on **Aug 26** 19**44**
and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife **Mrs. Mary Peine** 6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased: **Jan.** **10** **1859**
(Month) (Day) (Year)

Immediate cause of death: **Myocarditis** **5 yrs.**

Due to **Arteriosclerosis** **10 yrs.**

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **85** Months **7** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Otallon Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Fred Peine**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Sauders**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Peine**

(b) Address **Otallon Mo**

17. (a) **Burial** (b) Date thereof **Aug 30-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Paul Mo**

18. (a) Signature of funeral director **Edk with**

(b) Address **Otallon Mo**

19. (a) **8/5/44** (b) **Bertold S. Foustell**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 _____

23. Signature **Nicholas J. Kouch** (M. D. or other) _____

Address **Otallon Mo** Date signed **8/29/44**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

7200

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

10-1-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. Keithly*

Licensed Embalmer No..... *877*

P. O. Address..... *Dallas 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.