

FILED JUL 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

24608

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

6163

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7815 N. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME

MARY E. PEINE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased APRIL 16 1879  
(Month) (Day) (Year)

8. AGE:

Years 69 Months 2 Days 24

If less than one day

hr. \_\_\_\_\_ min. 0

9. Birthplace

St. Louis  
(City, town, or county)

(State or foreign country)

10. Usual occupation

HOUSE WORK

11. Industry or business

MOTHER FATHER

12. Name TOM TIERNEY

13. Birthplace IRELAND  
(City, town, or county)

(State or foreign country)

14. Maiden name BAIDGET CARR

15. Birthplace IRELAND  
(City, town, or county)

(State or foreign country)

16. (a) Informant Joe Peine

(b) Address 7815 N. BROADWAY

17. (a) BURIAL  
(Burial, cremation, or removal)

(b) Date thereof JULY 12 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Culbert Kelly

(b) Address 4386 LINCOLN

19. (a) JUL 12 1948  
(Date received local health officer)

(b) J. F. Bradeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7815 N. BROADWAY  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1948 hour 900 minute 00 M.

21. I hereby certify that I attended the deceased from

Jan 25 1948 to July 10 1948  
that I last saw her alive on July 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral apoplexy  
arterio sclerosis  
50

Duration

1 yr

Due to

2 years

Due to

Other conditions Carcinoma of breast  
(Include pregnancy within 3 months of death)

1 yr

Major findings:

Of operations operated 1947

PHYSICIAN

Of autopsy none

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 N. F. Miller (M. D. or other)

Address 8410 N. Broadway Date signed 7/10/48

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

JUL 22 1970

**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 James A. Lambers  
Licensed Embalmer No. 4142  
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 this body is not embalmed, fact should be so stated above.**