

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 280

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 114

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Buchanan |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph                                       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital                     |  | d. STREET ADDRESS (If rural, give location) 1322 S. 26th Street   |  |

|  |                 |                  |   |
|--|-----------------|------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Beda | b. (Middle) --- | c. (Last) Peuker | 4. DATE OF DEATH (Month) (Day) (Year)<br>February 7, 1950 |
|--|-----------------|------------------|---|

|               |                        |  |                                   |                                    |                        |                      |       |      |
|---------------|------------------------|--|-----------------------------------|------------------------------------|------------------------|----------------------|-------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH January 18, 1892 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | Hours | Min. |
|---------------|------------------------|--|-----------------------------------|------------------------------------|------------------------|----------------------|-------|------|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Packer | 10b. KIND OF BUSINESS OR INDUSTRY Chase Candy Co. | 11. BIRTHPLACE (State or foreign country) Doniphan County, Kansas. | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|---|--|----------------------------------|

|                                |   |                                   |
|--------------------------------|---|-----------------------------------|
| 13a. FATHER'S NAME John Peuker | 13b. MOTHER'S MAIDEN NAME Emelia Stahlbusch | 14. NAME OF HUSBAND OR WIFE ***** |
|--------------------------------|---|-----------------------------------|

|  |   |   |                         |
|--|---|---|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY (If yes, give year or dates of service) 491-09-3595 | 17. INFORMANT'S SIGNATURE OR NAME Miss. Emma Peuker | ADDRESS St. Joseph, Mo. |
|--|---|---|-------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Med. Carcinoma left lung  |  | INTERVAL BETWEEN ONSET AND DEATH 3 months |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Carcinoma of left breast (Premen.) 1948<br>DUE TO (c) |  | 170X                                      |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 2/1, 1950, to 2/6, 1950, that I last saw the deceased alive on 2/6, 1950, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

|                                    |                   |  |                         |
|------------------------------------|-------------------|--|-------------------------|
| 23a. SIGNATURE Frank W. Deane M.D. | (Degree or title) | 23b. ADDRESS St. Joseph, Mo. 620 Lincoln St. | 23c. DATE SIGNED 2/7/50 |
|------------------------------------|-------------------|--|-------------------------|

|   |                         |  |  |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Febr. 9, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | 24d. LOCATION (City, town, or county) (State) Rural Wathena, Kansas. |
|---|-------------------------|--|--|

|                                      |   |   |  |
|--------------------------------------|---|---|--|
| DATE REC'D BY LOCAL REG. Feb 9, 1950 | REGISTRAR'S SIGNATURE E. G. Jenkins 382 | 25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer | ADDRESS 1046 Colhoun St. St. Joseph, Mo. |
|--------------------------------------|---|---|--|

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, of by\*\*\*\*\*

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\*\*\*\*

Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student ..... \*\*\*\*\*  
Student Embalmer

Signed Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.