

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32268

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>	
c. LENGTH OF STAY (In this place) <u>30 YRS</u>		9951	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>242 WASHINGTON ST.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MARY</u>	b. (Middle) <u>EMILY</u>	c. (Last) <u>PEER</u>	(Month) <u>SEPT</u>	(Day) <u>8</u>	(Year) <u>1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>OCT 12 1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>KERRY CO MOO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM BOLAND</u>	13b. MOTHER'S MAIDEN NAME <u>EMILY BOLAND</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM G. PEER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Peer 416 Pine St. Berwynville Mo</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>2 months</u>  <u>5711</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Colitis.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/>
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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) _____	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 July 18, 1950, to Sept. 8, 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas E. Hoover</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>266 Genevieve Mo</u>	23c. DATE SIGNED <u>9-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 10 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STE GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>Sept 15, 1950</u>	REGISTRAR'S SIGNATURE <u>Teresa M. Karl - Depo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Res. C. Basler etc. Berwynville Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 16 1950

DISTRICT HEALTH OFFICE No. 4

File No.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Adrian J. Ekle*

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve, 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.