

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2494

State File No.

BIRTH NO. REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) Flint Hill
c. LENGTH OF STAY (in this place) 51 Yrs.

c. CITY OR TOWN Flint Hill
d. Is Residence within limits of a city or incorporated town? Yes No

d. USUAL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Flint Hill, Mo.

e. STREET ADDRESS (If rural, give location) In Town

3. NAME OF DECEASED
a. (First) Frank b. (Middle) Peine c. (Last) Peine

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 20 1956

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 18, 1871

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR: Months 0 Days 0
IF UNDER 24 HRS.: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) St. Peters Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederich Peine

13b. MOTHER'S MAIDEN NAME Dont Know

14. NAME OF HUSBAND OR WIFE Mary Austersmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Peine ADDRESS Flint Hill Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration

INTERVAL BETWEEN ONSET AND DEATH 2 7/10

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 NO

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)
4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20, 1956, to 1/20, 1956, that I last saw the deceased alive on 1/20, 1956, and that death occurred at 3:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Mc Murray M.D.

23b. ADDRESS Wentzville, Mo.

23c. DATE SIGNED 1/21/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE January 23, 56

24c. NAME OF CEMETERY OR CREMATORY St. Theodores Cemetery

24d. LOCATION (City, town, or county) (State) Flint Hill Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 26 1956

REGISTRAR'S SIGNATURE Arthur P. ...

25 FUNERAL DIRECTOR'S SIGNATURE W. ... ADDRESS Wentzville, Mo.

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

DEC 13 1967

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jackson J. Pitman*.....

Licensed Embalmer No. *497*

P. O. Address *Wentzville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.