RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047197

STATE FILE NUMBER

ED VS JAN 3 1961

DED

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN O'Fallon
Length of stay in 1b 2½ weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Roeper Nursing Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St Charles
c. CITY OR TOWN Flint Hill
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Wentzville R.R. 2
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Last Peine
4. DATE OF DEATH Month Dec. Day 23 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6/13/1872
9. AGE (last birthday) 88
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Home Duties
11. BIRTHPLACE (City and state or country) St. Charles
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Frank Peine.
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 Mr Francis Peine – Address Wentzville RR. 2, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-22-60 to 12-23-60 and last saw her ~~him~~ alive on 12-23-60
Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard G. Wangold (Degree or title) D.O.
22b. ADDRESS O'Fallon Mo
22c. DATE SIGNED Dec 27, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/26/60
23c. NAME OF CEMETERY OR CREMATORY St. Theodore Cemetery
23d. LOCATION (City, town, or county) (State) Flint Hill Mo.

24. FUNERAL DIRECTOR T.J. Pitman ADDRESS Wentzville, Mo.
25. DATE REC'D BY LOCAL REG. 12/27/60
26. REGISTRAR'S SIGNATURE Earl Keithley

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harvard O Kessler

Signature of Student Embalmer

Licensed Embalmer No. 463

P. O. Address Wintzvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.