

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037481
STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 130

FILED OCT 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Jefferson | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp. | | a. STATE Missouri | | b. COUNTY Jefferson | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Rural Joachim | | Length of stay in 1b life | | c. CITY OR TOWN Festus | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. STREET ADDRESS Rte. #2 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First Pauline | | Middle Agnes | | Last Peterein | | Month Day Year October 18 1961 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 18, 1885 | 9. AGE (last birthday) 76 | IF UNDER 1 YEAR Months Days 0 0 | | IF UNDER 24 HR Hours Min. 0 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Lawrenceton, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Paul Oberle | | | 13b. MOTHER'S MAIDEN NAME Ellen Bockencamp | | | 14. NAME OF HUSBAND OR WIFE David A. Peterein | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 17. INFORMANT John Peterein, Rte. # 2, Festus, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) Cerebral Apoplexy | | | | | | 7 days | |
| DUE TO (b) Arterio Sclerosis and Hypertension | | | | | | | |
| DUE TO (c) Heart Disease | | | | | | 4 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 July 30, 1958 to Oct 15, 1958 and saw her alive or that saw him alive or | | | | Death occurred at 9:30 am, Oct 18, 1961 on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Hammerstein MD | | | | 22b. ADDRESS Crystal City Mo | | 22c. DATE SIGNED Feb 20, 1961 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Oct. 21, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery | | 23d. LOCATION (City, town, or county) (State) Festus-Crystal City, Mo. | | |
| 24. FUNERAL DIRECTOR Vinyard Fun'l. Homes, Inc., Festus, Mo. | | | 25. DATE RECD. BY LOCAL REG. 10-20-61 | | 26. REGISTRAR'S SIGNATURE Paul G. [Signature] | | |

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 _____

Donald S. Vinyard

Licensed Embalmer No. _____

4608

P. O. Address _____

Testus, N

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.