

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2396

**FEB 23 1928**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 788  
Township \_\_\_\_\_ Primary Registration District No. 4471  
City Webster Groves (No. Rock Hill & Watson Rd) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Peter Somely St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Rock Hill & Watson (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 2 1848</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>2</u>
		DAYS
		<u>12</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Mary  
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Levin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Mary Higgins  
(Address) Rock Hill & Watson Rd.

15. FILED 1-16-28 (Arthur J. Heston)  
rev Elie Newton REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928

17. I HEREBY CERTIFY That I attended deceased from 1-12 1928, to Jan 14 1928  
that I last saw him alive on Jan 14 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Cerebral Hemorrhage  
1290 (duration) 1020 yrs. mos. da.  
131  
82-A  
1620

CONTRIBUTORY (SECONDARY) Senility  
Interstifal nephritis (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings  
(Signed) Arthur W. Heston, M. D.  
1-16-1928 (Address) Webster Groves, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters Cemetery DATE OF BURIAL 1/17 1928

20. UNDERTAKER Prophan 7146 Manchester ave ADDRESS \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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