WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

38439

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5203 Wabada St. ..... Ward)

File No. .....

Registered No. 31056

2. FULL NAME Peter J. Carey

(a) Residence. No. 5203 Wabada St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Carey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 2. 1856

7. AGE: Years 71 | Months 11 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Watchman 93C 107A 151
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

PARENTS

10. NAME OF FATHER: Peter Carey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. Y.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): .....

14. INFORMANT: Charles M. Carey
(Address) 5203 Wabada

15. FILED 13 1928 19 Max C Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 11 1928

17. I HEREBY CERTIFY: That I attended deceased from 10/9 1928 to 11/11 1928 that I last saw the alive on 11/11 1928, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio Pneumonia (Hypostatic)
Chronic Myocarditis
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Enlarged Prostate
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Chas P Mustin, M. D
11/13, 1928 (Address) 3903 Lee Av

*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: Calvery
DATE OF BURIAL: 11/14 1928

20. UNDERTAKER: Mullen Und Co
ADDRESS: 5165 Delmar Bl.