

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

Do not use this space.

**35567**

**1. PLACE OF DEATH**

County.....

Registration District No. 788

Township.....

Primary Registration District No. 1471

City Webster Groves No. 422

Oak St

File No. ....

Registered No. 103

St. ....

Ward) ....

**2. FULL NAME**

Peter J. Belleville

(a) Residence. No. 422 J Oak St. ....

Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 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**

Anna Belleville

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept 14 - 1858

**7. AGE**

73

YEARS

MONTHS

DAYS

13

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

Steam R. R.

(c) Name of employer

Laelodi Christy Clay

**9. BIRTHPLACE (CITY OR TOWN)**

East St Louis

(STATE OR COUNTRY)

Illinois

**10. NAME OF FATHER**

Samuel Belleville

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

U S A

**12. MAIDEN NAME OF MOTHER**

Adeline Lowery

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Canada

**14.**

INFORMANT (Address)

Mrs Anna J Belleville  
422 Oak St

**15.**

FILED

10/28 1931

Dr. A. N. Westing  
J. Carlson

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 10/26 - 31 1931

**17.**

I HEREBY CERTIFY, That I attended deceased from 10/23/31, 1931, to 10/26/31, 1931, that I last saw him alive on 10/26/31, 1931, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

820 Cerebral Hemorrhage  
97 (Hemiplegia)

**CONTRIBUTORY (SECONDARY)**

Arteriosclerosis  
Myocardium

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

at home

DID AN OPERATION PRECEDE DEATH.....

No DATE OF.....

WAS THERE AN AUTOPSY.....

No

WHAT TEST CONFIRMED DIAGNOSIS.....

Clinical symptoms

(Signed).....

H. W. Gardner M. D.

(Address)

Webster Groves

\*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**

**DATE OF BURIAL**

Calvary

Oct 29 19 31

**20. UNDERTAKER**

Parker Bond Co

**ADDRESS**

Webster Groves

NOV 28 1931

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.

