

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.

SEP 16 1935

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

791  
1003

Do not use this space.

27873

File No. 6926  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St Louis (No. Little Sisters of Poor)

2. FULL NAME

Peter Kearney  
(a) Residence, No. 3400 S Grand St. 16 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bridget Kearney</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE YEARS <u>About 75</u>	MONTHS <u>-</u>	DAYS <u>-</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Building contractor</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
13. NAME <u>Unknown Kearney</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
15. MAIDEN NAME <u>Unknown</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
17. INFORMANT (ADDRESS) <u>Daniel E Kearney</u> <u>5871 Broughton</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathary</u> DATE <u>Aug 16</u> 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>Arthur J Donnelly</u> <u>3840 Grandest Bn</u>				
20. <u>AUG 14 1935</u> 19 <u>J H Bredeck</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1935

22. I HEREBY CERTIFY that I attended deceased from July 1 to July 13 1935  
I last saw him alive on Aug 15 1935 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Heart Insufficiency

Other contributory causes of importance:  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) John H. Brown, M. D.  
(Address) 3165 So Grand

3165 & Lewis

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