

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

35809
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County _____ Registration District No. **791**

(b) Township _____ Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **Firmin DeaLoge Hosp** Registered No. **9386** St.

(e) Length of residence in city or town where death occurred **67** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Peter F Healey**

(a) Residence, No. **4160a St. Louis Ave** St. **11**

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 2nd. 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

67 **2** **3**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Freight Handler**

9. Industry or business in which work was done, as saw mill, bank, etc. **Frisco R.R. Co**

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Peter Healey**

14. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Bridget Laughlin**

16. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

17. INFORMANT **Miss Anna Healey** (ADDRESS) **4160a St. Louis Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemt** DATE **10/9** 1937

19. FUNERAL DIRECTOR **Harrigan & Sheahan Und Co** (ADDRESS) **4415 Washington Blvd**

20. **Oct 7 1937** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/5/37** 19**37**

22. **I HEREBY CERTIFY**, That I attended deceased from **October 4 1937** to **Oct 5 1937**

I last saw him alive on **Oct 5**, 1937. Death is said to have occurred on the date stated above, at **7:15 P.M.**

The principal cause of death and related causes of importance were as follows:

1) **Stenoplegia (Rt.)**
2) **Hyperthrombotic Coronary-Vascular Disease**
3) **Coronary Disease**
4) **Auricular Schallabach**

Date of onset **Oct. 1937**

Other contributory causes of importance: **Senility**

Name of operation _____ Date of _____
What test confirmed diagnosis? **C.N.S. pathological** Was there an autopsy? **no**

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 **no**
(Signed) **W. G. Brown**, M. D.
(Address) **1325 S. Grand**

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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STATEMENT BY LICENSED EMBALMER

I, Albert G. Noppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert G. Noppe

Licensed Embalmer No. 2971

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.)