

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

Do not use this space.

15124

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **14857**

Township.....

Primary Registration District No. **1003**

Registered No. **4037**

City **St. Louis** (No. **Colombia**)

Ward **St. Louis**

**2. FULL NAME**

(a) Residence No. **3949 Page Ave.** 11. 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**about 59**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **watchman**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Columba Transfer**  
(c) Name of employer **Co**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Africa**

10. NAME OF FATHER **Thos Walsh**

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

12. MAIDEN NAME OF MOTHER **Ann Muldoon**

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

14. INFORMANT (Address) **Sadie Murray 3949 Page Ave**

15. FILED **13 1928** **May C. Stankoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 12 1928**

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**3:10 a.m.**  
**Aortic Stenosis**  
**Insufficiency**  
**928**

CONTRIBUTORY (SECONDARY) **W. M. A.** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **900**  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **J. W. Kerner** M.D.

**4/13 1928** (Address) **Dep. Coroner**

\*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 **Calvary** DATE OF BURIAL **4/14 1928**

20. UNDERTAKER **Bullen Kelly** ADDRESS **4526 Eastern**

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.

