

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22124

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 103City St. Louis(No. 6174 Washington Blvd)

File No.

Registered No. 6239

St. Ward)

2. FULL NAME

(a) Residence. No. 6174 Washington Bl St. 5 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Michael Walsh6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 - 1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs.
or min.8518

8. OCCUPATION OF DECEASED

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

at Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis
MO

10. NAME OF FATHER

Daniel Bowe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland12. MAIDEN NAME OF MOTHER Margaret Skellern

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT Alphonse Walsh
(Address) 6174 Washington Bl

15.

FILED JUN 13 1928
FILED May C. Stankley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12-1928

17.

I HEREBY CERTIFY, That I attended deceased from Sept. 19 - 1927 to June 12 - 1928 that I last saw him alive on 6/12/28, 1928, and that death occurred, on the date stated above, at 11-30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial PneumoniaCONTRIBUTORY Chronic Nephritis
(SECONDARY)(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward J. ..., M. D.(Address) 3532 Washington Bl

*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 Cemetery June 14 1928

20. UNDERTAKER

ADDRESS

Cullman Bros 1717 N Grand St

