

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **St. Louis** **Barnes Hospital**)File No. **22171**Registered No. **6349**

St.

Ward)

2. FULL NAME(a) Residence. No. **# 24 Portland a St.**

(Usual place of abode)

Ward. **12**

(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)****Married****5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****Stella Walsh****6. DATE OF BIRTH (MONTH, DAY AND YEAR)****Unknown 1878****7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, ____ hrs. or ____ min.

abt. 50**8. OCCUPATION OF DECEASED**

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

Manufacturer

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

Glass & Clay Products

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis**10. NAME OF FATHER****Julius S. Walsh****11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo**12. MAIDEN NAME OF MOTHER****Josephine Dickson****13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo**14.**INFORMANT
(Address)**Mrs. Stella Schneider Walsh
24 Portland St.****15.**

FILED

15**May C. Stanley**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)****June 14th 19 28****17.**

I HEREBY CERTIFY, That I attended deceased from **15th**
7 September, 19 **27**, to **June 13th**, 19 **28**
 that I last saw him alive on **June 13th**, 19 **28**, and that
 death occurred, on the date stated above, at **4 a** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

(duration)

several

yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Hypertension Cardio-vascular**Renal disease**

(duration)

several

yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Charles E. Smith

M. D.

June 14th 19 28 (Address) 3720 Washington Blvd

*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****6 abray****6-16 19 28****20. UNDERTAKER**

ADDRESS

Arthur J. Donnelly 2039 Wash St

Dr. [unclear] [unclear]

4502 ~~Washing~~ in

3720 Washington -

~~Box 6356~~

Jff 5440