

**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. **003**

City **St. Louis**

(No. **Missouri Pacific Hospital** St. Ward)

File No. **22614**

Registered No. **6843**

**2. FULL NAME**

**Thomas Walsh**

(a) Residence. No. **2014 Kossuth** St., **23** 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. 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) **Doir Know**

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

**abt. 61**

**8. OCCUPATION OF DECEASED**

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

**Shop laborer**

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

**Mr. Pac. R.R.**

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ireland**

**10. NAME OF FATHER**

**Thomas Walsh**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ireland**

**12. MAIDEN NAME OF MOTHER**

**Doir Know**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ireland**

**14.**

INFORMANT **Mary Rabbitt**

(Address) **2014 Kossuth**

**15.**

**FILED 30 1928**

**19**

**W. C. Stanley**

REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6-29** 19 **28**

**17.**

I HEREBY CERTIFY, That I attended deceased from **June 27**, 19**28**, to **June 29**, 19**28**, that I last saw him alive on **June 29**, 19**28**, and that death occurred, on the date stated above, at **10:10 P.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Pneumo-pneumonia**

**110B**

**107A**

**97**

(duration) **indefinite** ds.

CONTRIBUTORY **Arterial sclerosis & phlebitis, left** (duration) **indefinite** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? **NO** DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? **clinical & lab.**

(Signed)

**E. J. Ginn**

M. D.

**6-29-1928** (Address) **Mo Pacific Hospital**

\*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 Cem**

**7-2** 19 **28**

**20. UNDERTAKER**

**ADDRESS**

**Wick Bros 2201 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.

