

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

Do not use this space.

28862

1. PLACE OF DEATH

County..... Registration District No. 787
 Township..... Primary Registration District No. 787
 City..... St. Louis (No. 5326-a Patton Cr) St. Ward)

File No.
 Registered No. 8365

2. FULL NAME

Ida Walsh
 (a) Residence. No. St., 6 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 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 William R Walsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1883

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
45 3 11

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) Indiana

10. NAME OF FATHER

Edw Gulle dye

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) " "

14.

INFORMANT William R Walsh
 (Address) 5326 Patton Cr

15.

FILED AUG 17 1928 May C Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1928

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to Aug 16, 1928, that I last saw him/her alive on Aug 15, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:**

Chrom Endocarditis
900 (duration) 6 yrs. 6 mos. - ds.

CONTRIBUTORY General Anosmia (SECONDARY) (duration) 1 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an operation precede death? No DATE OF -

Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS? Culture & Lab

(Signed) Harry H Meyer, M. D.

8/16, 1928 (Address) 4963 Selma

*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

Balvany 8-18 1928

20. UNDERTAKER

ADDRESS

Arthur J Donnelly 2038 Wash St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Mr Meyer

4903 W. 6th Ave