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.

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

Do not use this space.

38482

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11100

City St. Louis, (No. #5959 Cabanne Pl. St. ..... Ward)

2. FULL NAME Robert William Walsh.

(a) Residence. No. #5959 Cabanne St., Pl. Ward 5
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10th 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73.	2.	1.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Architect
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thos W. Wash.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland.
12. MAIDEN NAME OF MOTHER Isabella Betts.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

14. INFORMANT Robert P. Walsh (Address) #5959 Cabanne Pl.

15. FILED 13 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 11th 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to Oct 13, 1928 that I last saw him alive on Oct 13, 1928, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Diabetes Mellitus
98A

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Gangrene foot

(duration) — yrs. 1 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Nelson J Hawley M. D

Nov 13, 1928 (Address) 5321 Easton Ave

J. K. Lemon
J. W. Corona
Dep. Corona
11/13/28

*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: Oak Grove Cem

DATE OF BURIAL: 11-13-1928.

20. UNDERTAKER: C. R. Lupton.

ADDRESS: #4449 Olive Street.

5321 Easton
11 a.m. Tuesday sure