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

Do not use this space.

23313

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 6421 Minnesota St. ..... Ward)

File No. ..... Registered No. 6796

2. FULL NAME John Walsh

(a) Residence. No. 6421 Minnesota St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 - 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	[illegible]	[illegible]	

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

9. BIRTHPLACE (CITY OR TOWN) Evansville, Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Walsh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Matilda - - -

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT Joseph A. Murphy
(Address) 6421 - Minnesota

15. FILED JUN 26, 1929 Max D. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 23 1929

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1929, to June 23, 1929 that I last saw him alive on June 23, 1929, and that death occurred, on the date stated above, at 10 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia

(duration) yrs. mos. 5 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? Clinical Findings

6/24 (Signed) Owen J. McNamee, M. D.
, 1929 (Address) 7601 Michigan

*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
Red Bud Ill	June 26, 1929

20. UNDERTAKER	ADDRESS
Dashner Hud Co.	Red Bud Ill

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.

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Dr. Mc Namee

[illegible] Michigan