

MAY 28 1930

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

Do not use this space.

13963

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170
 Township Richmond Heights Primary Registration District No. 6248
 City Richmond Heights St. Marys Hospital St. _____ Ward _____

2. FULL NAME Martha Walsh
 (a) Residence. No. 3337 E Vista St. _____ 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.

File No. _____
 Registered No. 91
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11th 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
70 5 11

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) (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 Mary Philbin

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

14. INFORMANT Mr. Mary Sance
 (Address) 3337 Vista

15. FILED 4/23 1930 Co. Lo Jansen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1930

17. I HEREBY CERTIFY, That I attended deceased from June 17 1929 to April 22 1930 that I last saw him alive on April 22 1930 and that death occurred, on the date stated above, at 8:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Prostate Gland & Bladder

at least five years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF April 17, 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS operations
 (Signed) N. V. Mahood M. D.
April 27 1930 (Address) Acade Bldg.

*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 Calvary DATE OF BURIAL 4-24 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Mark St

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.

Wet Krummleerweg

Arcade Ben

Ch 5894

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