

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

Do not use this space.

18134

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. 17) St. 17 Ward 17

File No. 5292
Registered No. 5292

2. FULL NAME

(a) Residence. No. 3445 Magnolia St. 17 Ward. (If nonresident, give city and State)
(Usual place of abode)
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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Mulroy</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 17-1866</u>					
7. AGE	YEARS <u>64</u>	MONTHS <u>2</u>	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at Home</u> (c) Name of employer <u>Self</u>					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>					
PARENTS	10. NAME OF FATHER <u>James Walsh</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
	12. MAIDEN NAME OF MOTHER <u>Mary Walsh</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>					
14. INFORMANT <u>James Walsh</u> (Address) <u>3445 Magnolia</u>					
15. FILED <u>MAY 30 1930</u> <u>St. Louis</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29th 1930
17. I HEREBY CERTIFY, That I attended deceased from May 24 1930 to May 28 1930 that I last saw h. alive on May 29 1930 and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage.
82A

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Charles H. Cherry, M. D.
May 29 1930 (Address) Webopoktan Fla.

*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 Crematory DATE OF BURIAL June 2 1930
20. UNDERTAKER St. Louis ADDRESS 928 Grand

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.

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