

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

Do not use this space.

27716

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1004**
City **Saint Louis** (No. **City**, **Hospital**)
7115

File No.....
Registered No. **7512**
St. Ward)

2. FULL NAME

(a) Residence, No. **John Walsh**
(Usual place of abode) **City Sanitarium**, **Ward 13**
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **35** 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) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 4 - 1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **attendant**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Sanitarium**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Detroit**
(STATE OR COUNTRY) **Michigan**

13. NAME **John Walsh**

14. BIRTHPLACE (CITY OR TOWN) **County May**
(STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Margaret Holland**

16. BIRTHPLACE (CITY OR TOWN) **County May**
(STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Hospital Superintendent**
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE **balcony** DATE **Aug 19**, 19**32**

19. UNDERTAKER (ADDRESS) **Arthur J. Donnelly and Co**
2039 N. 1st St.

20. FILED **AUG 18 1932** **May C. Starke**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 17, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **July 27, 1932**, to **Aug. 17, 1932**

I last saw him alive on **Aug 17, 1932** Death is said to have occurred on the date stated above at **11:20 a.m.**

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance: **None**

Name of operation **None** Date of **Aug 17 1932**

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Maurice A. Pieler**, M. D.
(Address) **City Hospital**

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.

