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.

EB 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis
Township Central
City Wellston Mo.
18
Registration District No. 789
Primary Registration District No. 6033B
(No. N. Market + Wabash RR. St. Ward)
File No. 2431
Registered No.

2. FULL NAME Daniel J Walsh
(a) Residence, No. 6732 Page Ave. St., Ward. St Louis, Mo.
(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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1889
7. AGE: 44 YEARS MONTHS: 4 DAYS: 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CWA
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER
13. NAME Daniel Walsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER
15. MAIDEN NAME Margaret Feehan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Mrs. Mazie Kaiser 6732 Page Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Jan 26, 1934
19. UNDERTAKER (ADDRESS) C. Hoffmeister U.L.Co. 7814 So. Broadway
20. FILED 1-25-1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Generalized paricarditis, Chr. nephritis, generalized arterio sclerosis, Both coronaries were sclerotic. Left coronary partially occluded, right coronary completely closed off within its origin with hemorrhagic material. Chr. aortitis about first inch

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Other contributory causes of importance:

Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) Luke B. Tiernon M.D.
(Address) 3718 Jennings Rd.
Coroner St Louis Co., Mo. 1/24/34

[illegible] North
of its approximate, covered with yellow
placques.

Was found at the foot of North
Market street and Wabash tracks at
Wellston, Central township. St. Louis
County, Mo.