

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. **791**  
**1003**  
Primary Registration District No. No. 4911 Maffitt Pl

File No. 22177  
Registered No. 5951  
St. .... Ward)

**2. FULL NAME**

James Walsh  
(a) Residence, No. 4911 Maffitt Pl St. 6 Ward. ....  
(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. (If nonresident, give city or town and State)

**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 Margaret O'Neill Walsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85      5      19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired RR Conductor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash RR  
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) Ireland

13. NAME John Walsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dr. Whiter, 4911 Maffitt Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabarrus DATE June 18 1924

19. UNDERTAKER (ADDRESS) Mullen Undertaking Co, 516.5 Delmar Blvd

20. FILED 16 10 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1924

22. I HEREBY CERTIFY That I attended deceased from July 1 1920 to June 15 1924.  
I last saw him alive on June 15 1924. Death is said to have occurred on the date stated above, at 2 25 A. m.  
The principal cause of death and related causes of importance were as follows:

Chrom Endo corditis  
92 B  
97  
92 C  
Other contributory causes of importance: arteriosclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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 W H Walsh M. D.  
(Signed) W H Walsh  
(Address) 2803 41st St St. Louis

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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