

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.

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

Do not use this space.

18199

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St Louis (No. 3846 Green Av.) St. _____ Ward _____

File No. _____
 Registered No. **4545**
 St. _____ Ward _____

2. FULL NAME William Walsh

(a) Residence, No. 3846 Green Av. St. 10 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>Elizabeth Walsh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 - 1882</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Motormun Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Public Service Co</u>	
	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 William Walsh

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

15. MAIDEN NAME Nora Casey

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

17. INFORMANT Elizabeth Walsh
 (ADDRESS) 3846 Green Av.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE May 22 1935

19. UNDERTAKER Cullinstane Bros
 (ADDRESS) 1710 N Grand av

20. FILED Y 21 1935 19 J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 - 1935

22. I HEREBY CERTIFY, That I attended deceased from January 10th 1935, to May 19th 1935.
 I last saw h. alive on May 19th 1935. Death is said to have occurred on the date stated above at 10 a.m.

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

Chronic Nephritis Date of onset 1934

Other contributory causes of importance:
Chronic Nephritis 1934
(Intermittent)

Name of operation None Date of _____
 What test confirmed diagnosis? U. S. S. P. Was there an autopsy? No

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) J. Bredeck M. D.
 (Address) 1106 No Bldg St Louis Mo

W. J. N. ...
mo. Theatre Bldg. Je 8411