

MAY 7 1936

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

Do not use this space.

791

17500

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No.)St. John's Hospital

File No.

4382

Registered No.

St. Ward)

2. FULL NAME Reginia Walsh(a) Residence, No. 7201 ForsytheSt. n R Ward.Clayton, Mo.

(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

Female

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)

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 73

OCCUPATION

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

At Home

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

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 Missouri

MOTHER / FATHER

13. NAME

Thomas Walsh

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

Ireland

15. MAIDEN NAME

Mary Tobin

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

Ireland

17. INFORMANT

(ADDRESS)

Rev. Thomas J. Walsh
Catawissa Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

CalvaryDATE April 23, 1936

19. UNDERTAKER

(ADDRESS)

Thomas J. Finnan
1519 South Grand

20. FILED

APR 22 1936J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1st 1935

to

April 20th 19361936I last saw him alive on April 20th 1936 Death is saidto have occurred on the date stated above, at 6:30 a.m.

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

Date of onset

Chronic Myocarditis 1935

Suppurative Bronchitis acute

1935

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Ordinary 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

(Signed) Clayton M. Nelson, M. D.(Address) 106 Missouri Hwy

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.

The motion