

JUN 5 1936

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

Do not use this space.

21025

791

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis Mo. (No. 2936 St Vincent Av.)

File No.....

Registered No. 5230

St. Ward)

2. FULL NAME Rose Walsh

(a) Residence, No. 2936 St Vincent Av 17 St., 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Missouri

13. NAME John Schumaker

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

15. MAIDEN NAME Ann Unknown

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

17. INFORMANT (ADDRESS) 2936 St Vincent Av

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Olive Cem. DATE May 16 1936

19. UNDERTAKER (ADDRESS) E. J. Schurr
3125 Lafayette Ave

20. FILED BY J. Bredeck Registrar.

MAY 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8th 1936 to May 13th 1936

I last saw him alive on May 13th 1936 Death is said to have occurred on the date stated above, at 8:55 p.m.

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

Cerebral Hemorrhage 1936

Other contributory causes of importance:

Arterio Sclerosis

Name of operation none Date of.....

What test confirmed diagnosis? usual 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) William Barton, M. D. (Address) 3601 S Jefferson

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.

FORM 1-20-36
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