

JUL 14 1936

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

Do not use this space.

21521

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. 2209)

Herbert M.

File No.
Registered No. 5765
St. Ward)

2. FULL NAME Mary Walsh

(a) Residence, No. St. 20 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Walsh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1861</u>		
7. AGE YEARS <u>75</u>	MONTHS —	DAYS —
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Houseman</u>
	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)
Ireland

13. NAME The Patrick Higgins

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

15. MAIDEN NAME Anne Higgins (nee)

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

17. INFORMANT Thomas Higgins
(ADDRESS) 2575 South

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gravary DATE Jan 30 1936

19. UNDERTAKER Anthony J. Donnelly, Jr. Co.
(ADDRESS) 9000 Grand St.

20. FILED JUN 2 1936
J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936 to May 31, 1936

I last saw him/her alive on May 31, 1936 Death is said to have occurred on the date stated above, at 19:30 m.

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

Chronic Myocarditis
Coronary Arteriosclerosis
Date of onset

Other contributory causes of importance:
None

Name of operation None Date of

What test confirmed diagnosis? Chemical 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) Anthony G. Piekarski, M. D.

(Address) 1525a Cass Ave.

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.

