

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.

1. PLACE OF DEATH

County.....
Township.....
City Saint Louis

FEB 8 1937 791

Registration District No.....
Primary Registration District No. 1008
(No. 3638 Bamberger)

4324

File No.....
Registered No. 1388
St. Ward)

2. FULL NAME Bridget Walsh

(a) Residence, No. 3638 Bamberger St. 16 Ward 1

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 16

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

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

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) Chillicothe Ohio

MOTHER FATHER 13. NAME Dennis Murphy

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

MOTHER FATHER 15. MAIDEN NAME Mary Fleming

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

17. INFORMANT Elizabeth Walsh
(ADDRESS) 3638 Bamberger

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Feb. 2, 1937

19. UNDERTAKER Thomas J. Fennell
(ADDRESS) 1519 South Grand Boulevard

20. FILED JAN 31 1937
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 12th, 1935, to January 30th, 1937.
I last saw her alive on January 30th, 1937. Death is said to have occurred on the date stated above, at 2 a.m.

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

Mitral Insufficiency and Aortic Stenosis.

Date of onset

Other contributory causes of importance:
Arteriosclerosis and Chronic Interstitial Nephritis.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify Louis D. Brandenburger, M. D.
(Signed) Louis D. Brandenburger
(Address) 3922 Cleveland Ave.

