

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.

JUL 8 - 1937

22382

1. PLACE OF DEATH

County St. Louis
Township _____
City St. Louis

Registration District No. 791

Primary Registration District No. 1003

File No. _____

Registered No. 6134

2. FULL NAME Walter P. Pirie

(a) Residence, No. Majestic Hotel 3 St. 25 Ward.

(Usual place of abode) 200 N. 11th (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>Male</u>	4. COLOR OR RACE <u>White</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>Marie Pirie</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 5 1875</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>3</u>	DAYS <u>18</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief Material Insp.</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Northern Pacific R.R.</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) England

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Harold W. Pirie
(ADDRESS) 1918 Yale Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brainerd, Minn. DATE June 24 1937

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) Clayton Rd. at Concordia Lane

20. FILED JUN 24 1937
J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on..... 19____. Death is said to have occurred on the date stated above, at 9:10 P.M.

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

Coronary Occlusion (Sclerotic)
Cardiac Hypertrophy
Other contributory causes of importance: 95%

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 H

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. H. Perry M.D.
(Address) Deputy Coroner

627 10 88 8

AUG 6 1953