

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 St. Louis Registration District No. 1170 File No. 28418  
Township Jefferson Primary Registration District No. 6248-H Registered No. 146  
City Richmond Heights (No. St. Mary's Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Infant of Edward Walsh,

2. FULL NAME

(a) Residence, No. 5811 Cabanne Ave St. St. Louis, Mo. 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 Male 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) 7/5/1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0 0

OCCUPATION 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) Richmond Heights, (STATE OR COUNTRY) MO

FATHER 13. NAME Edward Walsh,

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Genevieve Vilsick

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Edward Walsh, (ADDRESS) 5811 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 7/6/1937

19. UNDERTAKER W. A. Stock Unl. Co. (ADDRESS) 2117 E. Grand Blvd.

20. FILED July 6 1937. Sam E. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-5-1937, 1937, to 7-5-1937, 1937

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Still Birth  
Asphyxia

Date of onset 7-5-37

Other contributory causes of importance: Placenta Previa 7-4-37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) John W. Mansfield, M. D.

(Address) 539 N. Grand

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539 N. S. St.

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