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

SEP 10 1937

Do not use this space.

29178

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7811

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Catherine Walsh

(a) Residence, No. 5554 Vernon St., 5 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 Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1873

7. AGE About 64 YEARS | 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. Housewife
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) Derby England

FATHER
13. NAME Patrick Mahon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Egan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mary Walsh 5554 Vernon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug. 20, 1937

19. UNDERTAKER (ADDRESS) Chas. L. Stuart 1225 Union Blvd.

20. FILED AUG 19 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to 8-16-, 1937
I last saw her alive on 8-16-, 1937 Death is said to have occurred on the date stated above, at 5:45 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetes
Nephritis chronic
Chr. Myocarditis
Uremia

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Exam. 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) E. A. Lausche, M. D.
(Address) 4885 Natural Bridge

899

4885 Nat. Bridge