

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

Do not use this space.

1. PLACE OF DEATH **SEP 10 1937**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis**

(No. **Farmin DeBlage hospital**)

**791
1003**

File No.....

Registered No. **8133**

29500

2. FULL NAME **Theresa Walsh**

(a) Residence, No. **6720a Crest Ave.**, St. **NR** Ward. **University City, Mo.**

(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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 14, 1888**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	11	14	

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.....

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) **Missouri**

13. NAME **Joseph Murry**
Mo.

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

15. MAIDEN NAME **Margaret Donahue**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Michael Walsh**
(ADDRESS) **6720a Crest Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Aug. 31, 1937**

19. UNDERTAKER **Jos. W. Clark**
(ADDRESS) **1125 Hodiamont Ave.**

20. FILED **AUG 30 1937** **J. D. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 28/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **March 27, 1937** to **Aug. 28, 1937**

I last saw her alive on **Aug 27, 1937**. Death is said to have occurred on the date stated above, at **4.50 A.M.**

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

Rheumatic Heart disease, mitral stenosis Date of onset **Water**

Other contributory causes of importance: **Passive Congestion of Lungs 2nd. due to heart condition**

Name of operation..... **None + Obvial** Date of.....
What test confirmed diagnosis? **Specimen** 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) **J. D. Brown**, M. D.

(Address) **1325 S. Grand**

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.

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Admission Book

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