WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

19218

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No.
Township — Primary Registration District No. 1003 — Registered No. 5645
City St Louis (No. Mullanphy Hospt St. Ward)

2. FULL NAME Ellen Walsh
(a) Residence. No. 802 Market ave East St Louis Ill Ward 11
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 2 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 James Walsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10th 1860

7. AGE: Years 67 — Months 6 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housework.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales.

PARENTS
10. NAME OF FATHER Thomas Stanton.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Johanna O'Connell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wales.

14. INFORMANT Thos Walsh
(Address) East St Louis Ill.

15. FILED Y 21 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24th 1928

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1928, to May 24, 1928, that I last saw her alive on May 24, 1928, and that death occurred, on the date stated above, at 3.30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 6A.
Apoplexy - Cerebral
Hemorrhage
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis Chronic
Cholelithiasis (duration) yrs. 3 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 74 A
DID AN OPERATION PRECEDE DEATH? N. DATE OF —
WAS THERE AN AUTOPSY? N
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Liver function
(Signed) R Emmerkaue, M. D
May 24, 1928 (Address) 1117 N Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Carmel Cemetery Belleville Ill — DATE OF BURIAL: 5/26 1928

20. UNDERTAKER: Mrs M Walsh — ADDRESS: East St Louis Ill

[illegible]

Jeff 7141

1117 [illegible]