

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

Do not use this space.

1. PLACE OF DEATH

SEP 13 1934

791

31173

County..... Registration District No.....
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. 5065 Ridge) St. Ward)

File No.....
 Registered No. 8473
 St. Ward)

2. FULL NAME

Ellen Walsh

(a) Residence, No. 5065 Ridge St. 6 Ward.

(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

MEDICAL CERTIFICATE OF DEATH,

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934, to Aug 18, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1866

I last saw her alive on July 18, 1934. Death is said

7. AGE YEARS 68 MONTHS - DAYS 3 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 1:45 P. m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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.....

Ac. Rotor Pneumonia Date of onset 8-13-34

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

108

13. NAME William O'Brien

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME Ellen Doyle

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT Josephine F. Walsh (ADDRESS) 5065 Ridge

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug. 21 1934

Manner of injury.....

Nature of injury.....

19. UNDERTAKER Chas. S. Stewart (ADDRESS) 1225 Union Blvd.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

20. FILED 16 26 1934 Registrar.

(Signed) W H White, M. D.

(Address) 2807 N. High St.

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.

