

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937**

**791
1003**

18651

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City **City Hospital**

(No.....)

St.....

Ward.....

2. FULL NAME **John Walsh**

(a) Residence, No. **2118 Mullamphy** St., **20** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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 **Evolyn Walsh (nee Meck)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 4 - 1909**

7. AGE

YEARS

27

MONTHS

5

DAYS

20

If LESS than 1 day, hrs. or min.

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

Garage Attendant

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)

St. Louis, Missouri.

MOTHER FATHER 13. NAME

Richard Walsh

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

St. Louis, Mo.

15. MAIDEN NAME

Josephene Grady

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

St. Louis, Mo.

17. INFORMANT

Evolyn Grady

(ADDRESS)

2118 Mullamphy.

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary Cem.** DATE **May 26** 19**37**

19. UNDERTAKER

(ADDRESS)

**Benzonich, Nicholas
1138 N. 4th Street**

20. FILED

19

May 25 1937

19

J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/24/1937**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **12:35 A.M.**

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

Haemorrhage due to gunshot wound of abdomen perforating stomach, pancreas, liver & small intestine at the hands of one Joseph Ewertowski alias Stone

Other contributory causes of importance:
Joseph Edwards at 2201 Cass Ave. about 11:45 P.M. May 23/37

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

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Accident** Date of injury **5/23/1937**

Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

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

In Public Place

Manner of injury.....

Nature of injury..... **See Above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **Joseph M. Quinn**

(Address) **Deputy Coroner**

